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Fill in this information to identify your case:		
United States Bankruptcy Court for the:		
DISTRICT OF SOUTH CAROLINA	-	
Case number (if known)	Chapter you are filing under:	
	■ Chapter 7	
	☐ Chapter 11	
	☐ Chapter 12	
	☐ Chapter 13	Check if this an amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Par	t 1: Identify Yourself		
		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
1.	Your full name		
	Write the name that is on your government-issued picture identification (for example, your driver's license or passport). Bring your picture identification to your meeting with the trustee.	Leonard First name Cortell Middle name Jones Last name and Suffix (Sr., Jr., II, III)	First name Middle name Last name and Suffix (Sr., Jr., II, III)
2.	All other names you have used in the last 8 years		
	Include your married or maiden names.		
3.	Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)	xxx-xx-3161	

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Debtor 1 Leonard Cortell Jones

Case number (if known)

		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
1.	Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years Include trade names and doing business as names	■ I have not used any business name or EINs. Business name(s) EINs	☐ I have not used any business name or EINs. Business name(s) EINs
5.	Where you live	703 E. Mauldin Road Anderson, SC 29621 Number, Street, City, State & ZIP Code Anderson County If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. Number, P.O. Box, Street, City, State & ZIP Code	If Debtor 2 lives at a different address: Number, Street, City, State & ZIP Code County If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address. Number, P.O. Box, Street, City, State & ZIP Code
3 .	Why you are choosing this district to file for bankruptcy	Check one: Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. I have another reason. Explain. (See 28 U.S.C. § 1408.)	Check one: ☐ Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. ☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)

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Debtor 1 Leonard Cortell Jones	Case number (if known)
--------------------------------	------------------------

	The chapter of the Bankruptcy Code you are	Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box.						
	choosing to file under	■ Chap	ter 7					
		☐ Chap	ter 11					
		☐ Chap	ter 12					
		☐ Chap	ter 13					
. How you will pay the fee		abo ord	out how y ler. If you	ou may pay. Typically	, if you are paying the fee yo	ck with the clerk's office in your local court for more details burself, you may pay with cash, cashier's check, or money alf, your attorney may pay with a credit card or check with		
				y the fee in installme ee in Installments (Off		on, sign and attach the Application for Individuals to Pay		
		☐ I re	equest the sis not recolles to yo	at my fee be waived quired to, waive your f our family size and you	(You may request this option fee, and may do so only if you are unable to pay the fee in	n only if you are filing for Chapter 7. By law, a judge may, our income is less than 150% of the official poverty line than installments). If you choose this option, you must fill out cial Form 103B) and file it with your petition.		
	Have you filed for bankruptcy within the	■ No.						
	last 8 years?	☐ Yes.						
			District		When	Case number		
			District		When	Case number		
			District		When	Case number		
	Are any bankruptcy cases pending or being	■ No						
	filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?	☐ Yes.						
			Debtor			Relationship to you		
			District		When	Case number, if known		
			Debtor			Relationship to you		
			District		When	Case number, if known		
	Do you rent your residence?	■ No.	Go to	line 12.				
•		☐ Yes.	Has y	our landlord obtained	an eviction judgment agains	st you and do you want to stay in your residence?		
•				No. Go to line 12.				

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Deb	otor 1 Leonard Cortell Jo	ones	D 00	Document Page 4 of 58 Case number (if known)
Par	t 3: Report About Any Bu	sinesses	You Owr	n as a Sole Proprietor
12.	Are you a sole proprietor of any full- or part-time business?	■ No.	Go to	Part 4.
		☐ Yes.	Name	e and location of business
	A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.		Name	e of business, if any
	If you have more than one sole proprietorship, use a separate sheet and attach		Numb	per, Street, City, State & ZIP Code
	it to this petition.			k the appropriate box to describe your business:
				Health Care Business (as defined in 11 U.S.C. § 101(27A))
				Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
				Stockbroker (as defined in 11 U.S.C. § 101(53A))
				Commodity Broker (as defined in 11 U.S.C. § 101(6))
				None of the above
13.	Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor?	deadlines	s. If you ir s, cash-f	der Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of low statement, and federal income tax return or if any of these documents do not exist, follow the procedure (1)(B).
	For a definition of small	■ No.	I am ı	not filing under Chapter 11.
	business debtor, see 11 U.S.C. § 101(51D).	□ No.	I am f Code	filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy .
		☐ Yes.	I am f	filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code.
Par	t 4: Report if You Own or	Have Any	Hazardo	ous Property or Any Property That Needs Immediate Attention
14.	Do you own or have any	■ No.		
	property that poses or is alleged to pose a threat	☐ Yes.		
	of imminent and identifiable hazard to public health or safety?		What is	the hazard?
	Or do you own any property that needs			diate attention is

immediate attention?

For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?

needed, why is it needed?

Where is the property?

Number, Street, City, State & Zip Code

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Debtor 1 Leonard Cortell Jones

Case number (if known)

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

 Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit
counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

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DCD	Leonard Cortell Je	JI162		Case num	DCI (II KIIOWII)		
Part	6: Answer These Quest	ions for R	eporting Purposes				
16.	What kind of debts do you have?	16a.	Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." ☐ No. Go to line 16b.				
			■ Yes. Go to line 17.				
		16b.	Are your debts primarily but money for a business or investigation	siness debts? Business debts are debt street or through the operation of the bu	ts that you incurred to obtain usiness or investment.		
			☐ No. Go to line 16c.				
			☐ Yes. Go to line 17.				
		16c.	State the type of debts you ow	ve that are not consumer debts or busin	ess debts		
17.	Are you filing under Chapter 7?	□ No.	I am not filing under Chapter 7	7. Go to line 18.			
	Do you estimate that after any exempt property is excluded and	■ Yes.		o you estimate that after any exempt pro illable to distribute to unsecured creditor	operty is excluded and administrative expenses s?		
	administrative expenses		■ No				
	are paid that funds will be available for distribution to unsecured creditors?		☐ Yes				
18.	How many Creditors do you estimate that you owe?	■ 1-49 □ 50-99 □ 100-1 □ 200-9		□ 1,000-5,000 □ 5001-10,000 □ 10,001-25,000	☐ 25,001-50,000 ☐ 50,001-100,000 ☐ More than100,000		
19.	How much do you estimate your assets to be worth?	\$100 ,	50,000 01 - \$100,000 001 - \$500,000 001 - \$1 million	□ \$1,000,001 - \$10 million □ \$10,000,001 - \$50 million □ \$50,000,001 - \$100 million □ \$100,000,001 - \$500 million	☐ \$500,000,001 - \$1 billion ☐ \$1,000,000,001 - \$10 billion ☐ \$10,000,000,001 - \$50 billion ☐ More than \$50 billion		
20.	How much do you estimate your liabilities to be?	\$100 ,	50,000 01 - \$100,000 001 - \$500,000 001 - \$1 million	□ \$1,000,001 - \$10 million □ \$10,000,001 - \$50 million □ \$50,000,001 - \$100 million □ \$100,000,001 - \$500 million	□ \$500,000,001 - \$1 billion □ \$1,000,000,001 - \$10 billion □ \$10,000,000,001 - \$50 billion □ More than \$50 billion		
Part	7: Sign Below						
For	you	I have ex	amined this petition, and I decl	are under penalty of perjury that the info	ormation provided is true and correct.		
				I am aware that I may proceed, if eligibl lief available under each chapter, and I	le, under Chapter 7, 11,12, or 13 of title 11, choose to proceed under Chapter 7.		
		documen	t, I have obtained and read the	ot pay or agree to pay someone who is a notice required by 11 U.S.C. § 342(b).			
		I request	relief in accordance with the cr	napter of title 11, United States Code, sp	pecified in this petition.		
		bankrupto and 3571	cy case can result in fines up to		or property by fraud in connection with a years, or both. 18 U.S.C. §§ 152, 1341, 1519,		
		Leonard	ard Cortell Jones I Cortell Jones of Debtor 1	Signature of Deb	tor 2		
		Executed	on July 5, 2016 MM / DD / YYYY	Executed on	IM / DD / YYYY		

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Debtor 1 Leonard Cortell Jones Case number (if known)

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

/s/ William T. Clarke	Date	July 5, 2016
Signature of Attorney for Debtor	-	MM / DD / YYYY
William T. Clarke		
Printed name		
Sarratt & Clarke		
Firm name		
P.O. Box 10293		
Greenville, SC 29603		
Number, Street, City, State & ZIP Code		
Contact phone (864) 271-4100	Email address	dawnsc@bellsouth.net
#151		
Bar number & State		

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Fill in this infor	mation to identify your	case:		
Debtor 1	Leonard Cortell J	ones		
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Ba	ankruptcy Court for the:	DISTRICT OF SOUTH	CAROLINA	
Case number				
(if known)				☐ Check if this is an
				amended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

		Your a	assets of what you own
1.	Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B	\$	163,000.00
	1b. Copy line 62, Total personal property, from Schedule A/B	\$	18,900.00
	1c. Copy line 63, Total of all property on Schedule A/B	\$	181,900.0
Par	t 2: Summarize Your Liabilities		
			iabilities nt you owe
2.	Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	\$	228,975.29
3.	Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$	0.0
	3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	\$	3,433.10
	Your total liabilities	\$	232,408.45
⊃ar	t 3: Summarize Your Income and Expenses		
1.	Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I	\$	3,759.92
5.	Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J	\$	5,207.0
⊃ar	t 4: Answer These Questions for Administrative and Statistical Records		
3.	Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you	ır other sc	hedules.
	■ Yes		

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to

household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

page 1 of 2

the court with your other schedules.

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Debtor 1 Leonard Cortell Jones Case number (if known)

8. **From the** *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

\$_____5,741.00

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

	Tota	ıl claim
From Part 4 on Schedule E/F, copy the following:		
9a. Domestic support obligations (Copy line 6a.)	\$_	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$_	0.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$_	0.00
9d. Student loans. (Copy line 6f.)	\$_	0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$_	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$_	0.00
9g. Total. Add lines 9a through 9f.	\$	0.00

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				Document	Page 10 of 58			
Fill i	n this informat	tion to identify	your case and th	is filing:				
Debt	or 1	Leonard Cor	tell Jones					
D-64	0	First Name	Middle	Name	Last Name			
Debte (Spous	or 2 se, if filing)	First Name	Middle	Name	Last Name			
Unite	d States Bankr	ruptcy Court for	the: DISTRICT	OF SOUTH CARO	LINA			
_		. ,						_
Case	number							☐ Check if this is an amended filing
Offi	cial Forn	n 106A/E	<u> </u>					
Sc	hedule	A/B: Pi	roperty					12/15
		e any legal or eq			Own or Have an Interest In			
1.1	703 E. Maulo	din Poad			erty? Check all that apply			
_		/ailable, or other des	cription		nulti-unit building um or cooperative	the amount	of any secure	nims or exemptions. Put d claims on <i>Schedule D:</i> Institute of the secure of the secur
				_	red or mobile home	Current val	ue of the	Current value of the
-	Anderson	SC	29621-0000	Land		entire prop	=	portion you own?
	City	State	ZIP Code	☐ Investment☐ Timeshare	ргорепту		3,000.00	\$163,000.00
				Other				our ownership interest ancy by the entireties, or
					est in the property? Check one	a life estate Fee simp	e), if known.	
	Anderson			■ Debtor 1 or □ Debtor 2 or	•	ree siiiik	JIE	
_	County			_	nd Debtor 2 only			
				_	e of the debtors and another		if this is com tructions)	munity property
				Other information property identific	n you wish to add about this ite ation number:	em, such as lo	cal	

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

Official Form 106A/B Schedule A/B: Property page 1

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□ No				
Yes				
3.1 Make:	Chevrolet Silverado, 2wd	Who has an interest in the property? Check one Debtor 1 only	the amount of any s	red claims or exemptions. Put ecured claims on Schedule D: e Claims Secured by Property.
Year:	1998	Debtor 1 only Debtor 2 only		
	mate mileage: 300k	Debtor 1 and Debtor 2 only	Current value of the entire property?	e Current value of the portion you own?
Other in	formation:	☐ At least one of the debtors and another		
		☐ Check if this is community property (see instructions)	\$1,500 .	\$1,500.0
3.2 Make:	Toyota	Who has an interest in the property? Check one		red claims or exemptions. Put ecured claims on Schedule D:
Model:	Corolla	■ Debtor 1 only		e Claims Secured by Property.
Year:	1998	Debtor 2 only	Current value of th	
	mate mileage: 120k	☐ Debtor 1 and Debtor 2 only	entire property?	portion you own?
Other in	formation:	☐ At least one of the debtors and another		
		☐ Check if this is community property (see instructions)	\$1,000.	91,000.0
3.3 Make:	Honda	Who has an interest in the property? Check one		red claims or exemptions. Put ecured claims on Schedule D:
Model:	Civic	■ Debtor 1 only	Creditors Who Have	e Claims Secured by Property.
Year:	2011	Debtor 2 only	Current value of th	
	mate mileage: 40k	Debtor 1 and Debtor 2 only	entire property?	portion you own?
Other in	formation:	☐ At least one of the debtors and another		
		☐ Check if this is community property (see instructions)	\$8,500.	88,500.0
Examples: Ē ■ No □ Yes	Boats, trailers, motors, personal wa	d other recreational vehicles, other vehicles, an tercraft, fishing vessels, snowmobiles, motorcycle a	ccessories	
		that number here		\$11,000.00
	ibe Your Personal and Household Ite			
o you own	or have any legal or equitable inf	terest in any of the following items?		Current value of the portion you own? Do not deduct secured claims or exemptions.
Examples: ☐ No	goods and furnishings Major appliances, furniture, linens	, china, kitchenware		
Yes. De	escribe			
	3 bedroom suite	es, refrigerator, stove, dishwasher, microw	ave.	
	small freezer, liv	ving room suite, dining room table and cha shes, outdoor furniture set		\$2,50

Official Form 106A/B Schedule A/B: Property page 2

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D	ebtor 1	Leonard Cortell Jones Case number (if known)	
7.	Electron Example	ics es: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music including cell phones, cameras, media players, games	collections; electronic devices
	□ No	modality con phonos, camorac, modala playere, games	
	Yes.	Describe	
		3 TV sets, stereo, broken computer, cell phone	\$1,200.00
8.		oles of value s: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coir other collections, memorabilia, collectibles	ı, or baseball card collections;
	_	Describe	
9.		ent for sports and hobbies es: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes musical instruments	and kayaks; carpentry tools;
		Describe	
		exercise equipment, 2 bicycles, basic hand tools	\$300.00
10.	□ No ·	les: Pistols, rifles, shotguns, ammunition, and related equipment	
	■ Yes.	Describe	
		45 cal. Rock Island pistol	\$400.00
11.	□ No ·	des: Everyday clothes, furs, leather coats, designer wear, shoes, accessories Describe	
		Clothing	\$300.00
		Olouming	
12.	☐ No	/ //es: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, Describe	gold, silver
		Kenneth Cole watch, wedding band	\$250.00
13.	Examp ■ No	m animals les: Dogs, cats, birds, horses Describe	
14.	■ No	ner personal and household items you did not already list, including any health aids you did not list	
	⊔ Yes.	Give specific information	
15		ne dollar value of all of your entries from Part 3, including any entries for pages you have attached rt 3. Write that number here	\$4,950.00
	-	All Market Market Market	
Ľ	irt 4: Des	cribe Your Financial Assets	Osumant value of the

Do you own or have any legal or equitable interest in any of the following?

Current value of the portion you own?

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De	ebtor 1	Leonard Cort	tell Jon	es		Case r	number (if known)	
								Do not deduct secured claims or exemptions.
16.	■ No				ur home, in a safe deposit bo	ox, and on hand when y	ou file your petition	
17.	Examp				accounts; certificates of dep		iions, brokerage hous	es, and other similar
	□ No ■ Yes				Institution name:			
			17.1.	Checking	Bank of Amer	ica, #5496		\$300.00
			17.2.	Savings	Bank of Amer	ica, #4967		\$200.00
18.	_Examp	, mutual funds, o			κ s h brokerage firms, money m	arket accounts		
	■ No □ Yes			Institution or is:	suer name:			
19.		ublicly traded sto	ock and i	interests in inc	orporated and unincorpor	ated businesses, incl	uding an interest in a	an LLC, partnership, and
	☐ Yes.	Give specific info		about them ne of entity:		% of	ownership:	
20.	Negoti	able instruments i	include p	ersonal checks	negotiable and non-negotia , cashiers' checks, promisso ot transfer to someone by sig	ory notes, and money or		
	☐ Yes.	Give specific info		about them uer name:				
21.		nent or pension oles: Interests in If			(k), 403(b), thrift savings acc	ounts, or other pension	or profit-sharing plan	s
		List each account		ely. of account:	Institution name:			
			401(k	x)	Prudential			\$1,450.00
22.	Your s Examp		deposit	s you have mad	le so that you may continue ent, public utilities (electric, ç			or others
	■ No □ Yes.				Institution name	or individual:		
23.	Annuit	ies (A contract for	r a period	dic payment of ı	money to you, either for life o	or for a number of years)	
	☐ Yes	lss	uer nam	e and description	on.			
24.		s in an educatio C. §§ 530(b)(1), 5			a qualified ABLE program	ı, or under a qualified	state tuition progra	m.
	☐ Yes	Ins	stitution n	name and descr	iption. Separately file the rec	ords of any interests.11	U.S.C. § 521(c):	
25.	Trusts, ■ No	equitable or fut	ure inter	rests in proper	ty (other than anything list	ed in line 1), and right	s or powers exercis	able for your benefit

Official Form 106A/B Schedule A/B: Property page 4

D	ebtor 1	Case 16-03334-hb Leonard Cortell Jones	Doc 1		Entered Page 14 of !	07/05/16 10:33:52 58 Case number (if known)	Desc Main
D(_		4 41			Case Humber (II known)	
00		. Give specific information abo		and other botally stock			
26.		ts, copyrights, trademarks, to ples: Internet domain names,				ments	
	☐ Yes	. Give specific information abo	out them				
27.	Exam ■ No	ses, franchises, and other general places: Building permits, exclusions	ve licenses, c		noldings, liquor li	censes, professional license	s
	☐ Yes	. Give specific information abo	out them				
M	oney or	property owed to you?					Current value of the portion you own? Do not deduct secured claims or exemptions.
28.	Tax re	efunds owed to you					
	■ No □ Yes	. Give specific information abo	ut them, inclu	uding whether you alread	ly filed the return	s and the tax years	
29.	Exam ■ No	y support ples: Past due or lump sum al Give specific information	imony, spous	al support, child support	, maintenance, c	divorce settlement, property s	settlement
30.	Exam	amounts someone owes youngles: Unpaid wages, disability benefits; unpaid loans you. Give specific information	insurance pa		its, sick pay, vac	ation pay, workers' compens	sation, Social Security
31.	Intere Exam	sts in insurance policies oples: Health, disability, or life i	nsurance; he	alth savings account (HS	SA); credit, home	eowner's, or renter's insuranc	ce
	■ Yes	. Name the insurance compan Compa	y of each poli any name:	icy and list its value.	Bene	ficiary:	Surrender or refund value:
				cies on children with employer at UPS)	ı 		\$0.00
32.	If you some No	nterest in property that is due are the beneficiary of a living one has died. . Give specific information				are currently entitled to recei	ve property because
			Wife pas	ssed in June 2015; o	wned 1998 To	oyota Corolla	\$1,000.00
	Exam ■ No	s against third parties, whether the second				and for payment	
34.	■ No	contingent and unliquidated	I claims of e	very nature, including	counterclaims o	of the debtor and rights to	set off claims

Case 16-03334-hb Doc 1 Filed 07/05/16 Entered 07/05/16 10:33:52 Page 15 of 58 Document Case number (if known) Debtor 1 **Leonard Cortell Jones** 35. Any financial assets you did not already list ■ No ☐ Yes. Give specific information.. 36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached \$2,950.00 for Part 4. Write that number here..... Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1. 37. Do you own or have any legal or equitable interest in any business-related property? No. Go to Part 6. ☐ Yes. Go to line 38. Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In. Part 6 If you own or have an interest in farmland, list it in Part 1. 46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property? No. Go to Part 7. ☐ Yes. Go to line 47. Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above 53. Do you have other property of any kind you did not already list? Examples: Season tickets, country club membership No ☐ Yes. Give specific information....... 54. Add the dollar value of all of your entries from Part 7. Write that number here \$0.00 List the Totals of Each Part of this Form Part 8: \$163,000.00 55. Part 1: Total real estate, line 2 56. Part 2: Total vehicles, line 5 \$11,000.00 57. Part 3: Total personal and household items, line 15 \$4,950.00 58. Part 4: Total financial assets, line 36 \$2,950.00

\$0.00

\$0.00

\$0.00

\$18,900.00

Copy personal property total

63. Total of all property on Schedule A/B. Add line 55 + line 62

Total personal property. Add lines 56 through 61...

Part 6: Total farm- and fishing-related property, line 52

Part 5: Total business-related property, line 45

Part 7: Total other property not listed, line 54

61.

\$181,900.00

\$18,900.00

Official Form 106A/B Schedule A/B: Property page 6

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Fill in this information to identify your case:							
Leonard Cortell J	ones						
First Name	Middle Name	Last Name					
First Name	Middle Name	Last Name					
nkruptcy Court for the:	DISTRICT OF SOUTH (CAROLINA					
				☐ Check if this is an			
				amended filing			
	Leonard Cortell J First Name First Name	Leonard Cortell Jones First Name Middle Name First Name Middle Name	Leonard Cortell Jones First Name Middle Name Last Name First Name Middle Name Last Name	Leonard Cortell Jones First Name Middle Name Last Name First Name Middle Name Last Name			

Official Form 106C

Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1: Identify the Property You Claim as Exemp	Part 1:	Identify	the Pro	perty You	Claim a	s Exempt
--------------------------------------------------	---------	----------	---------	-----------	---------	----------

- 1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.
 - You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
 - ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)
- 2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Amo	ount of the exemption you claim	Specific laws that allow exemption	
	Copy the value from Schedule A/B	Che	ck only one box for each exemption.		
1998 Toyota Corolla 120k miles Line from Schedule A/B: 3.2	\$1,000.00		\$1,000.00	S.C. Code Ann. § 15-41-30(A)(2)	
Ellie IIolii Gonedale A.B. G.2			100% of fair market value, up to any applicable statutory limit	10 41 00(1)(2)	
3 bedroom suites, refrigerator, stove, dishwasher, microwave, small	\$2,500.00		\$2,500.00	S.C. Code Ann. § 15-41-30(A)(3)	
freezer, living room suite, dining room table and chairs, lines, towels, dishes, outdoor furniture set Line from Schedule A/B: 6.1			100% of fair market value, up to any applicable statutory limit	13-41-30(A)(3)	
3 TV sets, stereo, broken computer, cell phone	\$1,200.00		\$1,200.00	S.C. Code Ann. § 15-41-30(A)(3)	
Line from Schedule A/B: 7.1			100% of fair market value, up to any applicable statutory limit	10 41 00(14)(0)	
exercise equipment, 2 bicycles, basic	\$300.00		\$300.00	S.C. Code Ann. § 15-41-30(A)(3)	
Line from Schedule A/B: 9.1			100% of fair market value, up to any applicable statutory limit	(-7(-)	
45 cal. Rock Island pistol Line from Schedule A/B: 10.1	\$400.00		\$400.00	S.C. Code Ann. § 15-41-30(A)(7)	
Line nom Schedule A/B. 10.1			100% of fair market value, up to any applicable statutory limit	10-41-00(1)(1)	

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De	btor 1	Leonard Cortell Jones			Case number (if known)	
	Brief Sche	description of the property and line on dule A/B that lists this property	Current value of the portion you own	Am	ount of the exemption you claim	Specific laws that allow exemption
			Copy the value from Schedule A/B	Che	eck only one box for each exemption.	
	Kenneth Cole watch, wedding band Line from Schedule A/B: 12.1		\$250.00		\$250.00	S.C. Code Ann. § 15-41-30(A)(4)
					100% of fair market value, up to any applicable statutory limit	15 11 55(1)(1)
	Checking: Bank of America, #5496 Line from Schedule A/B: 17.1		\$300.00		\$300.00	S.C. Code Ann. § 15-41-30(A)(5)
	LINE	ioni Schedule A/B. TTT			100% of fair market value, up to any applicable statutory limit	10-41-00(A)(0)
		ngs: Bank of America, #4967	\$200.00		\$200.00	S.C. Code Ann. § 15-41-30(A)(5)
	Line IIIIII Schedule AVB. 17.2				100% of fair market value, up to any applicable statutory limit	13-41-30(A)(3)
	401(k): Prudential Line from Schedule A/B: 21.1		\$1,450.00		\$1,450.00	S.C. Code Ann. § 15-41-30(A)(13)
					100% of fair market value, up to any applicable statutory limit	
		passed in June 2015; owned 3 Toyota Corolla	\$1,000.00		\$1,000.00	S.C. Code Ann. § 15-41-30(A)(7)
		from Schedule A/B: 32.1			100% of fair market value, up to any applicable statutory limit	10-41-00(A)(1)
3.		ou claiming a homestead exemption ect to adjustment on 4/01/19 and every			led on or after the date of adjustment	t.)
		No			•	
		Yes. Did you acquire the property cover	ed by the exemption wi	thin 1	,215 days before you filed this case?	
		□ No				
		☐ Yes				

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Fill in this informat	ion to identify you	r case:				
Debtor 1	Leonard Cortell	Jones				
	First Name	Middle Name La	st Name			
Debtor 2 (Spouse if, filing)	First Name	Middle Name La	ast Name			
United States Bankr	uptcy Court for the:	DISTRICT OF SOUTH CAROLINA	Ĺ			
Case number (if known)					_	if this is an led filing
Official Form	106D					
Schedule D	: Creditors	Who Have Claims Se	cured	by Property	y	12/15
is needed, copy the Adnumber (if known). 1. Do any creditors have a No. Check the	dditional Page, fill it o	is form to the court with your other sch	nis form. On	the top of any addition	nal pages, write your na	
Part 1: List All S	ecured Claims					
for each claim. If more	than one creditor has	nore than one secured claim, list the creditor a particular claim, list the other creditors in F al order according to the creditor's name.		Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	Column C Unsecured portion If any
2.1 Bank of Ame	erica	Describe the property that secures the o	claim:	\$9,900.00	\$8,500.00	\$1,400.00
PO Box 4522	= =	As of the date you file, the claim is: Checapply.	ck all that			
Jacksonville Number, Street, Cit	<u>. </u>	☐ Contingent ☐ Unliquidated				
ramber, dadet, oit	y, state a zip sode	☐ Disputed				
Who owes the debt?	Check one.	Nature of lien. Check all that apply.				
Debtor 1 only		An agreement you made (such as mort car loan)	gage or secu	ıred		
Debtor 2 only	or O only	_	viola lian)			
☐ Debtor 1 and Debto	•	☐ Statutory lien (such as tax lien, mechan☐ Judgment lien from a lawsuit	iic's lien)			
☐ Check if this claim community debt		Other (including a right to offset)				
Date debt was incurre	ed 2014	Last 4 digits of account number	3358			
2.2 CVI Loan G1	Trust I	Describe the property that secures the o	claim:	\$6,244.43	\$0.00	\$6,244.43
Creditor's Name	I M. Stokes	Judgment lien (Citifinancial)				
Scott, Parne	II &					
Associates, PO Box 804	16	As of the date you file, the claim is: Checapply. Contingent	ck all that			
Charleston, Number, Street, Cit		□ Unliquidated				
riamsor, subseq sig	y, claic a z.p coac	☐ Disputed				
Who owes the debt?	? Check one.	Nature of lien. Check all that apply.				
■ Debtor 1 only □ Debtor 2 only		An agreement you made (such as mort car loan)	gage or secu	ıred		
Debtor 1 and Debto	or 2 only	☐ Statutory lien (such as tax lien, mechan	nic's lien)			
☐ At least one of the o	debtors and another	■ Judgment lien from a lawsuit				
☐ Check if this claim community debt	relates to a	Other (including a right to offset)				
Date debt was incurre	ed 2014	Last 4 digits of account number	1543			

Official Form 106D

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Last Name cribe the property that secures the claim: B.E. Mauldin Road Anderson, SC 221 Anderson County of the date you file, the claim is: Check all that Contingent Unliquidated Disputed ure of lien. Check all that apply. An agreement you made (such as mortgage or secar loan)	\$5,330.86	\$163,000.00	\$0.00
B.E. Mauldin Road Anderson, SC (21 Anderson County of the date you file, the claim is: Check all that contingent Unliquidated Disputed our of lien. Check all that apply. An agreement you made (such as mortgage or see		\$163,000.00	\$0.00
B.E. Mauldin Road Anderson, SC (21 Anderson County of the date you file, the claim is: Check all that contingent Unliquidated Disputed our of lien. Check all that apply. An agreement you made (such as mortgage or see		\$163,000.00	\$0.00
of the date you file, the claim is: Check all that contingent Unliquidated Disputed Unre of lien. Check all that apply. An agreement you made (such as mortgage or see			
Contingent Unliquidated Disputed ure of lien. Check all that apply. An agreement you made (such as mortgage or se			
Contingent Unliquidated Disputed ure of lien. Check all that apply. An agreement you made (such as mortgage or se			
Unliquidated Disputed ure of lien. Check all that apply. An agreement you made (such as mortgage or se			
Disputed ure of lien. Check all that apply. An agreement you made (such as mortgage or se			
An agreement you made (such as mortgage or se			
car loan)	ecured		
Statutory lien (such as tax lien, mechanic's lien)			
•			
Other (including a right to offset)			
Last 4 digits of account number 7136			
cribe the property that secures the claim:	\$3,500.00	\$1,500.00	\$2,000.00
•			
f the data was file the alaim in a			
-			
-			
•			
An agreement you made (such as mortgage or se	ecured		
	Sourca		
Statutory lien (such as tax lien, mechanic's lien)			
udgment lien from a lawsuit			
Other (including a right to offset)			
Last 4 digits of account number 4712			
cribe the property that secures the claim:	\$204,000.00	\$163,000.00	\$46,330.86
E. Mauldin Road Anderson, SC			<u> </u>
21 Anderson County			
of the date you file, the claim is: Check all that			
•			
•			
•			
* * *	ecured		
Statutory lien (such as tax lien, mechanic's lien)			
Other (including a right to offset)			
Last 4 digits of account number 3577			
	cribe the property that secures the claim: 88 Chevrolet Silverado, 2wd 300k es of the date you file, the claim is: Check all that Contingent Unliquidated Disputed ure of lien. Check all that apply. An agreement you made (such as mortgage or secar loan) Statutory lien (such as tax lien, mechanic's lien) Undgment lien from a lawsuit Other (including a right to offset) Last 4 digits of account number 4712 Cribe the property that secures the claim: 8 E. Mauldin Road Anderson, SC 621 Anderson County of the date you file, the claim is: Check all that Contingent Unliquidated Disputed ure of lien. Check all that apply. An agreement you made (such as mortgage or secar loan) Statutory lien (such as tax lien, mechanic's lien) Undgment lien from a lawsuit Other (including a right to offset)	Last 4 digits of account number Table Cribe the property that secures the claim: Be Chevrolet Silverado, 2wd 300k es Of the date you file, the claim is: Check all that Contingent Unliquidated Disputed ure of lien. Check all that apply. An agreement you made (such as mortgage or secured car loan) Statutory lien (such as tax lien, mechanic's lien) Under (including a right to offset) Last 4 digits of account number 4712 Cribe the property that secures the claim: B.E. Mauldin Road Anderson, SC B.E. Mauldin Road Anderson, SC Contingent Unliquidated Disputed ure of lien. Check all that apply. An agreement you made (such as mortgage or secured car loan) Statutory lien (such as tax lien, mechanic's lien) Unliquidated Disputed ure of lien. Check all that apply. An agreement you made (such as mortgage or secured car loan) Statutory lien (such as tax lien, mechanic's lien) Judgment lien from a lawsuit Other (including a right to offset)	Last 4 digits of account number 7136 Cribe the property that secures the claim: \$3,500.00 \$1,500.00 88 Chevrolet Silverado, 2wd 300k es of the date you file, the claim is: Check all that Contingent Unliquidated Disputed ure of lien. Check all that apply. An agreement you made (such as mortgage or secured car loan) Statutory lien (such as tax lien, mechanic's lien) ludgment lien from a lawsuit Cher (including a right to offset) Last 4 digits of account number 4712 Cribe the property that secures the claim: \$204,000.00 \$163,000.00 8 E. Mauldin Road Anderson, SC 621 Anderson County of the date you file, the claim is: Check all that Contingent Unliquidated Disputed ure of lien. Check all that apply. An agreement you made (such as mortgage or secured car loan) Statutory lien (such as tax lien, mechanic's lien) Statutory lien (such as tax lien, mechanic's lien)

Add the dollar value of your entries in Column A on this page. Write that number here:

\$228,975.29

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Debtor 1	Leonard Cortell	Jones		Case number (if know)	
	First Name	e Middle Name	Last Name		
	the last page of your at number here:	form, add the dollar va	alue totals from all pages.	\$228,975.2	9

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

Official Form 106D

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		Document	Page 2	1 of 58	_
Fill in this in	formation to identify your	case:			
Debtor 1	Leonard Cortell J	ones			1
DCDIOI 1	First Name	Middle Name	Last Name		
Debtor 2					
(Spouse if, filing)	First Name	Middle Name	Last Name		
United States	Bankruptcy Court for the:	DISTRICT OF SOUTH CAP	ROLINA		
0	_				
(if known)	·				☐ Check if this is an
,					amended filing
	orm 106E/F				
Schedule	e E/F: Creditors W	ho Have Unsecure	ed Claims		12/15
Schedule G: Ex Schedule D: Cr left. Attach the	recutory Contracts and Unexpreditors Who Have Claims Sec	ired Leases (Official Form 1060 ured by Property. If more space	6). Do not include e is needed, copy	any creditors with partially the Part you need, fill it out,	Property (Official Form 106A/B) and on secured claims that are listed in number the entries in the boxes on the top of any additional pages, write your
Part 1: Lis	st All of Your PRIORITY Un	secured Claims			
1. Do any cr	editors have priority unsecure	d claims against you?			
No. Go	to Part 2.				
☐ Yes.					
Part 2: Lis	st All of Your NONPRIORIT	Y Unsecured Claims			
3. Do any cr	editors have nonpriority unsec	ured claims against you?			
□ No. Yo	u have nothing to report in this p	art. Submit this form to the court v	with your other sch	edules.	
Yes.					
unsecured	claim, list the creditor separately	for each claim. For each claim li	sted, identify what	type of claim it is. Do not list cl	tor has more than one nonpriority aims already included in Part 1. If more claims fill out the Continuation Page of
					Total claim
4.1 Allie	d Interstate	Last 4 digits of	account number	0426	\$1,068.53
	riority Creditor's Name				<u> </u>
_	Box 361445	When was the c	lebt incurred?	2008	
	imbus, OH 43236 er Street City State Zlp Code	As of the date v	ou file. the claim	is: Check all that apply	
	incurred the debt? Check one.	7.0 0 ,		io. Oncok all that apply	
■ De	ebtor 1 only	☐ Contingent			
	ebtor 2 only	☐ Unliquidated			
	ebtor 1 and Debtor 2 only	☐ Disputed			
	least one of the debtors and and	_ '	IORITY unsecure	ed claim:	
_	neck if this claim is for a com				
debt	IECK II UIIS CIAIIII IS IOF A COMF	ilullity		aration agreement or divorce th	nat you did not
Is the	claim subject to offset?	report as priority		. J	•
■ No		☐ Debts to pen	sion or profit-sharii	ng plans, and other similar deb	ts
□ Y€	es	Other. Specif	Collecting Funding #	for Credit One Bank a 1319	nd LVNV

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1 Leonard Cortell Jones	Case number (if know)	
AnMed Health	Last 4 digits of account number 9879	\$405.61
Nonpriority Creditor's Name 800 N. Fant Street Anderson. SC 29621	When was the debt incurred? 2014	_
Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
Who incurred the debt? Check one.		
■ Debtor 1 only	☐ Contingent	
☐ Debtor 2 only	☐ Unliquidated	
☐ Debtor 1 and Debtor 2 only	☐ Disputed	
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
☐ Check if this claim is for a community	☐ Student loans	
debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did no report as priority claims	vt
No	\square Debts to pension or profit-sharing plans, and other similar debts	
Yes	Other. Specify	
AnMed Health	Last 4 digits of account number 2644	\$217.00
Nonpriority Creditor's Name 800 N. Fant Street	When was the debt incurred? 2014	
Anderson, SC 29621 Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
Who incurred the debt? Check one.		
Debtor 1 only	☐ Contingent	
☐ Debtor 2 only	☐ Unliquidated	
☐ Debtor 1 and Debtor 2 only	☐ Disputed	
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
☐ Check if this claim is for a community	☐ Student loans	
debt Is the claim subject to offset?	Dobligations arising out of a separation agreement or divorce that you did no report as priority claims	ot .
■ No	\square Debts to pension or profit-sharing plans, and other similar debts	
Yes	Other. Specify for deceased spouse	_
Badcock Home Furniture	Last 4 digits of account number 6140	\$1,350.38
Nonpriority Creditor's Name 1520 E. Greenville St., Suite 1 Anderson, SC 29621	When was the debt incurred? 2015	_
Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
Who incurred the debt? Check one.		
■ Debtor 1 only	☐ Contingent	
Debtor 2 only	☐ Unliquidated	
☐ Debtor 1 and Debtor 2 only	☐ Disputed	
\square At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
☐ Check if this claim is for a community	☐ Student loans	
debt Is the claim subject to offset?	\square Obligations arising out of a separation agreement or divorce that you did no report as priority claims	pt
■ No	\square Debts to pension or profit-sharing plans, and other similar debts	
☐ Yes	Other. Specify	

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Debtor	1 Leonard	Cortell Jones		Case i	number (if I	know)		
4.5	Greenville I	Health System	Last 4 digits of account numbe	r 4091				\$150.00
	Nonpriority Cred PO Box 190		When was the debt incurred?	2015	}			
	Greenville,	SC 29602						
		City State Zlp Code the debt? Check one.	As of the date you file, the clair	n is: Chec	k all that ap	ply		
	Debtor 1 on		Пости					
			☐ Contingent					
	☐ Debtor 2 on	-	☐ Unliquidated☐ Disputed☐					
		of the debtors and another	Type of NONPRIORITY unsecui	ed claim:				
		is claim is for a community	☐ Student loans					
	debt	-	☐ Obligations arising out of a se	paration a	greement or	divorce that you did r	not	
	_	bject to offset?	report as priority claims					
	■ No		Debts to pension or profit-sha					
	Yes		Other. Specify					
4.6		very Services	Last 4 digits of account numbe	r 0ZV 0	ຊ			\$241.64
	Nonpriority Cree PO Bx 1489		When was the debt incurred?	2013	}			
	Greensboro	o, NC 27415 City State Zlp Code	As of the date you file, the clain	n is: Chao	k all that an	nly		
		the debt? Check one.	As of the date you me, the claim	ii is. Chec	к ан татар	piy		
	■ Debtor 1 on		☐ Contingent					
	Debtor 2 on	•	☐ Unliquidated					
	Debtor 1 and	•	☐ Disputed					
		of the debtors and another	Type of NONPRIORITY unsecui	ed claim:				
		is claim is for a community	☐ Student loans					
	debt	bject to offset?	☐ Obligations arising out of a se report as priority claims	paration a	greement or	divorce that you did r	not	
	No	bject to onset?	Debts to pension or profit-sha	ring plans	and other s	imilar debts		
	☐ Yes		■ Other. Specify collecting	•				
			— Outer, opening	<u></u>				
Part 3	List Others	s to Be Notified About a De	bt That You Already Listed					
is try have	ing to collect from	m you for a debt you owe to s	about your bankruptcy, for a debt tha omeone else, list the original creditor at you listed in Parts 1 or 2, list the ad or submit this page.	in Parts 1	or 2, then	list the collection ag	ency here.	. Similarly, if you
	and Address		On which entry in Part 1 or Part 2 did yo				-	
	hants Credit Clemson Blv	d Suite F				ith Priority Unsecured ith Nonpriority Unsecu		
	rson, SC 296			■ Part 2:	Creditors w	ith Nonpriority Unsect	ired Claims	;
			Last 4 digits of account number					
Part 4		mounts for Each Type of U						
	the amounts of of unsecured cla		ims. This information is for statistical	l reporting	j purposes	only. 28 U.S.C. §159	. Add the a	imounts for each
						Total Claim		
	Fotal 6a.	Domestic support obligation	S	6a.	\$	0	.00	
С	laims	Toyon and postein other date	to you awa the management	er-	•	-	00	
from I	Part 1 6b. 6c.	Taxes and certain other debt Claims for death or personal	injury while you were intoxicated	6b. 6c.	\$ \$		<u>.00</u> .00	
	6d.	· · · · · · · · · · · · · · · · · · ·	secured claims. Write that amount here.	6d.	\$ ——		.00	
	6e.	Total Priority. Add lines 6a thi	rough 6d.	6e.	\$	0	.00_	
						Total Claim		
	6f.	Student loans		6f.	\$.00	

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Debtor 1 Leonard Cortell Jones

Case number (if know)

Total claims				
from Part 2	6g.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$ 0.00
	6h.	Debts to pension or profit-sharing plans, and other similar debts	6h.	\$ 0.00
	6i.	Other. Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$ 3,433.16
	6j.	Total Nonpriority. Add lines 6f through 6i.	6j.	\$ 3,433.16

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Fill in this infor				
Debtor 1	Leonard Cortell J	lones		
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Bankruptcy Court for the:		DISTRICT OF SOUTH CAROLINA		
Case number				
(if known)				Check if this is an amended filing

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

	Person or	r company wit Name, Numb	h whom you have the o	contract or lease	State what the contract or lease is for
2.1					
	Name				
	Number	Street			_
	City		State	ZIP Code	
2.2					
	Name				
	Number	Street			_
	City		State	ZIP Code	
2.3	•				
	Name				_
	Number	Street			_
	City		State	ZIP Code	_
2.4					
	Name				_
	Number	Street			_
	City		State	ZIP Code	
2.5					
	Name				_
	Number	Street			_
	City		State	ZIP Code	
	,		- 10-11		

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		Docume	nt Page 26 c	1 58	
Fill in this	information to identify your	case:			
Debtor 1	Leonard Cortell	longo			
Deptor 1	First Name	Middle Name	Last Name		
Debtor 2					
(Spouse if, filing	g) First Name	Middle Name	Last Name		
United Stat	es Bankruptcy Court for the:	DISTRICT OF SOUTH	CAROLINA		
Case numb	ner				
(if known)				☐ Check if this is an	
				amended filing	
Official	Form 106H				
Sched	ule H: Your Cod	ebtors		12/15	;
					—
fill it out, ar your name	nd number the entries in the and case number (if known	boxes on the left. Attack . Answer every question	n the Additional Page t	tion. If more space is needed, copy the Additional Page to this page. On the top of any Additional Pages, write	
1. Do y	ou have any codebtors? (If	you are filing a joint case,	do not list either spouse	e as a codebtor.	
■ No □ Yes					
Arizona No.	nin the last 8 years, have you a, California, Idaho, Louisiana Go to line 3. Did your spouse, former spo	, Nevada, New Mexico, Pu	erto Rico, Texas, Wash	ry? (Community property states and territories include ington, and Wisconsin.)	
in line Form 1 out Co	2 again as a codebtor only i 106D), Schedule E/F (Officia Ilumn 2.	f that person is a guarar	itor or cosigner. Make	r if your spouse is filing with you. List the person shown sure you have listed the creditor on Schedule D (Office). Use Schedule D, Schedule E/F, or Schedule G to	ial fill
-	Column 1: Your codebtor lame, Number, Street, City, State and Z	IP Code		Column 2: The creditor to whom you owe the dek Check all schedules that apply:)L
2.4				□ Och chide D. Kree	
3.1	Name			U Schedule D, line	
•				☐ Schedule E/F, line	
				☐ Schedule G, line	
	Number Street				
(City	State	ZIP Code		
22				Cabadula D. lina	
3.2	Name			☐ Schedule D, line	
				☐ Schedule E/F, line	
				☐ Schedule G, line	
	Number Street			_	
C	City	State	ZIP Code		

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Fill	in this information to identify your ca	ase:				l				
	otor 1 Leonard Co									
	otor 2				_					
Uni	ted States Bankruptcy Court for the	: DISTRICT OF SOUTH	H CAROLINA		_					
	se number 		-				ended leme	nt showin	ng postpetitior	
0	fficial Form 106I					MM / D	D/ Y`	YYY	, and the second	
S	chedule I: Your Inc	ome								12/15
sup spo atta	as complete and accurate as possiblying correct information. If you use. If you are separated and you ch a separate sheet to this form.	are married and not filing w	ng jointly, and your s ith you, do not includ	pouse i de infori	is liv matio	ing with you, on about your	inclu spo	de infori use. If m	mation about ore space is	t your needed,
1.	Fill in your employment information.		Debtor 1				Debtor 2 or non-filing spouse			
	If you have more than one job,	Employment status	■ Employed				☐ Employed			
	attach a separate page with information about additional employers.	_mployment otatae	☐ Not employed				ot en	nployed		
	Include part-time, seasonal, or	Occupation	Driver							
	self-employed work.	Employer's name	UPS							
	Occupation may include student or homemaker, if it applies.	Employer's address								
		How long employed t	here? 15 years	s						
Par	t 2: Give Details About Mor	thly Income								
	mate monthly income as of the dause unless you are separated.	ate you file this form. If	you have nothing to re	port for	any I	ine, write \$0 ir	the s	space. In	clude your no	n-filing
•	u or your non-filing spouse have mo e space, attach a separate sheet to		ombine the information	n for all e	emplo	oyers for that p	ersor	on the li	ines below. If	you need
						For Debtor 1			btor 2 or ing spouse	
2.	List monthly gross wages, sala deductions). If not paid monthly,			2.	\$	5,600.	00	\$	N/A	-
3.	Estimate and list monthly overt	ime pay.		3.	+\$	0.	00	+\$	N/A	-
4.	Calculate gross Income. Add lin	ne 2 + line 3.		4.	\$	5,600.00	_	\$	N/A	

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Debt	or 1	Leonard Cortell Jones	_	C	ase number (if kno	own)				
	Сор	y line 4 here	4.		For Debtor 1 5,600.	.00		Debtor 2 -filing spo		
5.	List	all payroll deductions:								-
o.	5a. 5b. 5c. 5d. 5e. 5f. 5g. 5h.	Tax, Medicare, and Social Security deductions Mandatory contributions for retirement plans Voluntary contributions for retirement plans Required repayments of retirement fund loans Insurance Domestic support obligations Union dues Other deductions. Specify: all other deductions	5a. 5b. 5c. 5d. 5e. 5f. 5g.	;	\$ 0.5 \$ 0.5 \$ 0.5 \$ 0.5	.38 .00 .00 .00 .00 .00	\$ \$ \$ \$ + \$		N/A N/A N/A N/A N/A N/A	- - - - -
6.	Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	\$	1,840.	.08	\$		N/A	_
7.	Cald	culate total monthly take-home pay. Subtract line 6 from line 4.	7.	9	3,759.	.92	\$		N/A	
8.	8b. 8c. 8d. 8e. 8f. 8g. 8h.	all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. Interest and dividends Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. Unemployment compensation Social Security Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: Pension or retirement income Other monthly income. Specify:	8c. 8d. 8e.	;	\$ 0.5 \$ 0.5 \$ 0.5 \$ 0.5 \$ 0.5	.00 .00 .00 .00 .00	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$		N/A N/A N/A N/A N/A	-
9.	Add	l all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	0.	.00	\$		N/A	<u>\</u>
10.		culate monthly income. Add line 7 + line 9. the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$	§	3,759.92	+ \$_		N/A =	\$	3,759.92
11.	11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 11. +\$ 0.00									
12.		I the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Certainies							ombir	
13.	Do y ■	you expect an increase or decrease within the year after you file this form No. Yes. Explain:	?						iontni	y income

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Filli	n this informa	tion to identify yo	our case:					
Debt	tor 1	Leonard Cor	rtell Jone	s		Che	eck if this is:	
Debt	tor 2 buse, if filing)			-			An amended filing A supplement show 13 expenses as of	ving postpetition chapter
` '					_			Une following date.
Unite	ed States Bankr	uptcy Court for the	: DISTRI	CT OF SOUTH CAROLINA	<u> </u>		MM / DD / YYYY	
	e number nown)							
		rm 106J						
		J: Your						12/1
info	rmation. If m		eded, atta	. If two married people ar ch another sheet to this n.				
Part		ibe Your House	ehold					
1.	Is this a join							
	■ No. Go to		in a separ	ate household?				
			st file Offici	al Form 106J-2, <i>Expenses</i>	for Separate House	ehold of De	btor 2.	
2.	Do you have	e dependents?	□ No					
	Do not list Do Debtor 2.	ebtor 1 and	■ Yes.	Fill out this information for each dependent	Dependent's relat Debtor 1 or Debto		Dependent's age	Does dependent live with you?
	Do not state	the						□ No
	dependents	names.			Granddaughte	er	4	Yes
					Son		19	□ No ■ Yes
								■ res □ No
					Daughter		25	Yes
								□ No
3.	Do your eyr	enses include	_					☐ Yes
J.	expenses of	f people other t d your depende	han $_{\square}$	No Yes				
Esti exp	imate your ex		our bankr	y Expenses uptcy filing date unless y y is filed. If this is a supp				
the		n assistance an		government assistance i luded it on <i>Schedule I: Y</i>			Your exp	enses
4.		r home owners		ses for your residence. In	nclude first mortgag	e 4.	\$	1,375.00
	If not includ	ed in line 4:						
	4a. Real e	state taxes				4a.	\$	0.00
		rty, homeowner's	s, or renter	's insurance		4b.	·	0.00
				ipkeep expenses		4c.	·	120.00
5		owner's associat		dominium dues our residence , such as ho	mo oquity loans	4d. 5.	·	0.00

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ebtor '	Leonard Cortell Jones	Case num	ber (if known)	
Uti	lities:			
6a	Electricity, heat, natural gas	6a.	\$	230.00
6b	Water, sewer, garbage collection	6b.	\$	70.00
6c.	Telephone, cell phone, Internet, satellite, and cable services	6c.	\$	310.00
6d	Other. Specify:	6d.	\$	0.00
Fo	od and housekeeping supplies	7.	\$	800.00
Ch	ildcare and children's education costs	8.	\$	75.00
Clo	othing, laundry, and dry cleaning	9.	\$	200.00
). Pe	rsonal care products and services	10.	\$	200.00
. Me	dical and dental expenses	11.	\$	300.00
. Tra	ansportation. Include gas, maintenance, bus or train fare.			
Do	not include car payments.	12.	\$	500.00
3. En	tertainment, clubs, recreation, newspapers, magazines, and books	13.	\$	50.00
. Ch	aritable contributions and religious donations	14.	\$	300.00
	urance.			
	not include insurance deducted from your pay or included in lines 4 or 20.	45:	Φ.	
	a. Life insurance	15a.	·	0.00
	p. Health insurance	15b.	·	0.00
	c. Vehicle insurance	15c.	\$	180.00
	d. Other insurance. Specify:	15d.	\$	0.00
	xes. Do not include taxes deducted from your pay or included in lines 4 or 20.	16	c	0.00
	ecify:	16.	Φ	0.00
	stallment or lease payments: a. Car payments for Vehicle 1	17a.	¢	247.00
	Car payments for Vehicle 2	17a. 17b.	·	0.00
		17b. 17c.	\$	
	c. Other Specify:			0.00
	d. Other. Specify:	17d.	Φ	0.00
	ur payments of alimony, maintenance, and support that you did not report as ducted from your pay on line 5, <i>Schedule I, Your Income</i> (Official Form 106I).		\$	0.00
	ner payments you make to support others who do not live with you.		\$	0.00
	ecify:	19.	–	0.00
•	ner real property expenses not included in lines 4 or 5 of this form or on <i>Sch</i> e		our Income.	
	a. Mortgages on other property	20a.		0.00
	o. Real estate taxes	20b.	\$	0.00
20	c. Property, homeowner's, or renter's insurance	20c.	\$	0.00
	d. Maintenance, repair, and upkeep expenses	20d.		0.00
	e. Homeowner's association or condominium dues	20e.	·	0.00
	ner: Specify: Son's tuition expenses at Tri-County Tech		+\$	250.00
. •	on's tuttion expenses at 111-oddity recir		- Ψ	250.00
	Iculate your monthly expenses			
	a. Add lines 4 through 21.		\$	5,207.00
22	c. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2		\$	
22	c. Add line 22a and 22b. The result is your monthly expenses.		\$	5,207.00
_	laulata varuu maantiiliv mat in aanna			
	Iculate your monthly net income.	00:	Φ.	A ==A AA
	a. Copy line 12 (your combined monthly income) from Schedule I.	23a.		3,759.92
23	c. Copy your monthly expenses from line 22c above.	23b.	-\$ ⁻	5,207.00
00	Cubtrast your monthly ovnences from very monthly income			
	c. Subtract your monthly expenses from your monthly income.	23c.	\$	-1,447.08

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

☐ No.

■ Yes. Explain here: Will be surrendering home to foreclosure and renting elsewhere.

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Fill in this infor	mation to identify your	case:			
Debtor 1	Leonard Cortell J				
Debior 1	First Name	Middle Name	Last Name		
Debtor 2					
(Spouse if, filing)	First Name	Middle Name	Last Name		
United States Ba	ankruptcy Court for the:	DISTRICT OF SOUTH C	CAROLINA		
Case number					
(if known)					Check if this is an
				a	mended filing
Official Ford Declarate		n Individual	Debtor's So	chedules	12/15
years, or both. 1	in Below		rapidy case can result	in fines up to \$250,000, or impris	ominent for up to 20
Did you pa	ay or agree to pay some	one who is NOT an attorr	ney to help you fill out b	pankruptcy forms?	
■ No					
☐ Yes.	Name of person			Attach Bankruptcy Petiti Declaration, and Signati	
that they ar X /s/ Lec Leona	alty of perjury, I declare re true and correct. onard Cortell Jones ard Cortell Jones are of Debtor 1	that I have read the sumr	mary and schedules file X Signature of	ed with this declaration and Debtor 2	
Date	July 5, 2016		Date		

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Fill	n this inform	nation to identify you	r case:						
Deb		Leonard Cortell							
		First Name	Middle Name	Last Name					
Debi (Spou	tor 2 ise if, filing)	First Name	Middle Name	Last Name					
		nkruptcy Court for the:	DISTRICT OF SOUTH CA	AROLINA					
_		.,,							
Case number(if known)					_	Check if this is an mended filing			
Sta	s complete a	of Financial		are filing together, both are	equally responsible for sup				
). Answer every ques		uns form. On the top of any	y additional pages, write yo	ui ilaille allu case			
Part	Give D	etails About Your Ma	rital Status and Where You	Lived Before					
1.	What is your	hat is your current marital status?							
	☐ Married■ Not marr	ried							
2.	During the la	ring the last 3 years, have you lived anywhere other than where you live now?							
	■ No □ Yes. List	t all of the places you l	ived in the last 3 years. Do no	ot include where you live now	<i>ı</i> .				
	Debtor 1 Pri	or Address:	Dates Debtor 1 lived there	Debtor 2 Prior Ad	dress:	Dates Debtor 2 lived there			
					ity property state or territor ico, Texas, Washington and V				
	■ No □ Yes. Ma	ke sure you fill out <i>Sch</i>	nedule H: Your Codebtors (O	fficial Form 106H).					
Part	2 Explain	n the Sources of You	r Income						
	Fill in the total	I amount of income yo	nployment or from operatin u received from all jobs and a have income that you receiv	all businesses, including part-		ndar years?			
	□ No ■ Yes Fill	in the details.							
			D.1.		D.I.				
			Debtor 1	Gross income	Debtor 2	Gross income			
			Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)			
From January 1 of current year until the date you filed for bankruptcy:			■ Wages, commissions, bonuses, tips	\$30,545.76	☐ Wages, commissions, bonuses, tips				
			☐ Operating a business		☐ Operating a business				

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De	btor 1	Le	onard Cor	tell Jones	Documen	0	e number (if known)		
					Debtor 1		Debtor 2		
					Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)	
For last calendar year: (January 1 to December 31, 2015)				31, 2015)	■ Wages, commissions, bonuses, tips	\$66,357.67	☐ Wages, commissions, bonuses, tips		
					☐ Operating a business		☐ Operating a business		
For the calendar year before that: (January 1 to December 31, 2014)					■ Wages, commissions, bonuses, tips	\$83,992.65	☐ Wages, commissions, bonuses, tips		
					☐ Operating a business		☐ Operating a business		
	List	No	source and t	Ü	ome from each source separa	tely. Do not include income t	hat you listed in line 4.		
					Debtor 1		Debtor 2		
					Sources of income Describe below.	Gross income from each source (before deductions and exclusions)	Sources of income Describe below.	Gross income (before deductions and exclusions)	
Pa	rt 3:	List	: Certain Pa	yments You	Made Before You Filed for	Bankruptcy			
6.	Are either Debtor 1's or Debtor 2's debts primarily consumer debts? No. Neither Debtor 1 nor Debtor 2 has primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,425* or more? No. Go to line 7. Yes List below each creditor to whom you paid a total of \$6,425* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. * Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.								
Yes. Debtor 1 or Debtor 2 or both have primarily consumer debts. During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?									
			■ No.	Go to line 7	7.				
			□ Yes		each creditor to whom you pa				

attorney for this bankruptcy case.

Total amount paid

Amount you still owe

Was this payment for \dots

Page 34 of 58 Document Debtor 1 Case number (if known) **Leonard Cortell Jones** Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider? Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony. No Yes. List all payments to an insider. **Insider's Name and Address** Reason for this payment Dates of payment Total amount Amount you still owe paid Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider? Include payments on debts guaranteed or cosigned by an insider. Yes. List all payments to an insider **Insider's Name and Address** Dates of payment **Total amount** Amount you Reason for this payment still owe Include creditor's name paid Part 4: Identify Legal Actions, Repossessions, and Foreclosures Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding? List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes. П No Yes. Fill in the details. Case title Nature of the case Court or agency Status of the case Case number CVI Loan GT Trust I vs. Leonard C. suit for money Anderson County Court of □ Pending Jones Common Pleas judgment □ On appeal #2016-CP-04-00619 Anderson, SC Concluded 10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied? Check all that apply and fill in the details below. No. Go to line 11. Yes. Fill in the information below. **Creditor Name and Address** Value of the **Describe the Property** Date property Explain what happened 11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt? No Yes. Fill in the details. **Creditor Name and Address** Describe the action the creditor took Date action was Amount taken **IRS** IRS took federal tax refund of \$868 for \$868.00 **Centralized Insolvency Operation** student loan for wife. PO Box 7346 Last 4 digits of account number: Philadelphia, PA 19101 12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official? Nο Yes

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Case number (if known) Debtor 1 Leonard Cortell Jones Part 5: List Certain Gifts and Contributions 13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person? □ No Yes. Fill in the details for each gift. Gifts with a total value of more than \$600 Describe the gifts Dates you gave Value the gifts per person Person to Whom You Gave the Gift and Address: 2015 \$0.00 **Debtor's family** In year since debtor's wife died, he helped daughters (3), grandaughters, and son financially, giving them a Person's relationship to you: portion of their mother's life estate insurance proceeds (20k), mostly during 2015. Total amount disbursed may have totaled 6k. Funds given were used to help with living expenses, travel to "get away" during the grieving process, etc. 14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity? Yes. Fill in the details for each gift or contribution. Gifts or contributions to charities that total Describe what you contributed Dates you Value more than \$600 contributed **Charity's Name** Address (Number, Street, City, State and ZIP Code) **Kingdom Vision Worship Center** \$6,000.00 tithes over approximately 2 years **Good Hope Church Road** Starr, SC Part 6: List Certain Losses Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling? Nο Yes. Fill in the details. Describe the property you lost and Describe any insurance coverage for the loss Date of your Value of property how the loss occurred loss lost Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property. Part 7: List Certain Payments or Transfers Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition? Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy. Nο Yes. Fill in the details. Person Who Was Paid Description and value of any property Date payment Amount of transferred or transfer was payment **Address** Email or website address made Person Who Made the Payment, if Not You Sarratt & Clarke \$1500 plus \$1,500.00 **Attorney Fees**

P.O. Box 10293

Greenville, SC 29603

costs paid on

5/25/2016

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Debtor 1 Leonard Cortell Jones

Case number (if known)

17.	Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors? Do not include any payment or transfer that you listed on line 16. No Yes. Fill in the details.							
	Person Who Was Paid Address	Description and v	Description and value of any property transferred		Date payment or transfer was made	Amount of payment		
18.	Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs? Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement. No Yes. Fill in the details.							
	Person's relationship to you	Description and v property transfer			Date transfer was made			
19.	Person's relationship to you Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.) No Yes. Fill in the details.							
	Name of trust	Description and v	Description and value of the property transferred			Date Transfer was made		
	Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions. No							
	Yes. Fill in the details. Name of Financial Institution and Address (Number, Street, City, State and ZIP Code)	Last 4 digits of account number	Type of account instrument	clo mo	te account was sed, sold, ved, or nsferred	Last balance before closing or transfer		
21.								
	Name of Financial Institution Address (Number, Street, City, State and ZIP Code)	Who else had acc Address (Number, S State and ZIP Code)		escribe the (contents	Do you still have it?		
22.	Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy? No Yes. Fill in the details.							
	Name of Storage Facility Address (Number, Street, City, State and ZIP Code)	Who else has or h to it? Address (Number, S State and ZIP Code)		escribe the o	contents	Do you still have it?		

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Par	t 9: Identify Property You Hold or Control for	Someone Else								
23.	Do you hold or control any property that some for someone.	one else owns? Include any prope	rty you borrowed from, are storing fo	r, or hold in trust						
	No									
	Yes. Fill in the details.									
	Owner's Name Address (Number, Street, City, State and ZIP Code)	Where is the property? (Number, Street, City, State and ZIP Code)	Describe the property	Value						
Par	t 10: Give Details About Environmental Inform	ation								
For	the purpose of Part 10, the following definitions	apply:								
	Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.									
	Site means any location, facility, or property as to own, operate, or utilize it, including disposal		law, whether you now own, operate,	or utilize it or used						
	Hazardous material means anything an environ hazardous material, pollutant, contaminant, or		s waste, hazardous substance, toxic	substance,						
Rep	ort all notices, releases, and proceedings that y	ou know about, regardless of whe	n they occurred.							
24.	Has any governmental unit notified you that yo	u may be liable or potentially liable	e under or in violation of an environm	ental law?						
	■ No □ Yes. Fill in the details.									
	Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State an ZIP Code)	Environmental law, if you know it	Date of notice						
25.	Have you notified any governmental unit of any release of hazardous material?									
	■ No □ Yes. Fill in the details.									
	Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State an ZIP Code)	Environmental law, if you know it	Date of notice						
26.	Have you been a party in any judicial or admini	strative proceeding under any env	ironmental law? Include settlements	and orders.						
	■ No									
	Yes. Fill in the details.									
	Case Title Case Number	Court or agency Name Address (Number, Street, City, State and ZIP Code)	Nature of the case	Status of the case						
Par	t 11: Give Details About Your Business or Con	nnections to Any Business								
	Within 4 years before you filed for bankruptcy,		ny of the following connections to an	v business?						
	☐ A sole proprietor or self-employed in a	•	,	,						
	☐ A member of a limited liability company		•							
	☐ A partner in a partnership	, -, -:	r ()							
	☐ An officer, director, or managing execu	tive of a corporation								
	☐ An owner of at least 5% of the voting or									

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. Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

■ No

☐ Yes. Name of Person

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Fill in this informatio	n to identify your	case:				
	eonard Cortell J					
Fir Debtor 2	st Name	Middle Name		Last Name		
	st Name	Middle Name		Last Name		
United States Bankrup	otcy Court for the:	DISTRICT OF SO	UTH CAROL	INA		
Casa number						
Case number(if known)						☐ Check if this is an amended filing
Official Form Statement of		n for Indiv	viduals	Filing Under	Chapter '	7 12/15
If you are an individua	_	-	l out this for	m if:		
	ersonal property a m with the court w	and the lease has no rithin 30 days after	you file your			r the meeting of creditors, editors and lessors you list
If two married people sign and da		in a joint case, bo	th are equall	y responsible for supplyi	ng correct inforn	nation. Both debtors must
	ccurate as possib ame and case nur		s needed, att	ach a separate sheet to th	is form. On the t	top of any additional pages,
Part 1: List Your C	reditors Who Have	e Secured Claims				
	nat you listed in Pa	art 1 of Schedule D	: Creditors V	Vho Have Claims Secured	by Property (Of	ficial Form 106D), fill in the
information below. Identify the creditor	and the property t	hat is collateral	What do y secures a	ou intend to do with the p debt?	property that	Did you claim the property as exempt on Schedule C?
Creditor's Bank	of America		☐ Surreno	ler the property.		■ No
name:				the property and redeem it.		– No
Description of 20	11 Honda Civic	40k miles		the property and enter into a mation Agreement.	a	☐ Yes
property securing debt:			Retain t	the property and [explain]:		
Creditor's Green	itree		Surrenc	ler the property.		■ No
name:			☐ Retain	the property and redeem it.		
Description of 70	3 E. Mauldin Ro	ad Anderson.	Retain t	the property and enter into a mation Agreement.	а	☐ Yes
,	29621 Anderso			the property and [explain]:		
=	olic Finance			ler the property.		■ No
name: Description of 19	98 Chevrolet Sil	verade 2wd	☐ Retain t	the property and redeem it. the property and enter into a		□ Yes
	0k miles	TOIGGO, EWG		mation Agreement. the property and [explain]:		

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

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De	btor 1 Leonard Cortell Jones	Case number (if known)	
;	securing debt:	Will maintain payments	-
	Creditor's Seterus Mortgage	Surrender the property.	■ No
	Description of property SC 29621 Anderson County Securing debt:	 □ Retain the property and redeem it. □ Retain the property and enter into a Reaffirmation Agreement. □ Retain the property and [explain]: 	☐ Yes
For in t	List Your Unexpired Personal Property Leases any unexpired personal property lease that you listed ne information below. Do not list real estate leases. Un may assume an unexpired personal property lease if	expired leases are leases that are still in effect; the	lease period has not yet ended.
De	scribe your unexpired personal property leases		Will the lease be assumed?
De	ssor's name: scription of leased operty:		□ No
Le	ssor's name:		□ Yes □ No
	scription of leased operty:		☐ Yes
De	ssor's name: scription of leased operty:		□ No
Le	ssor's name:		□ No
	scription of leased pperty:		☐ Yes
De	ssor's name: scription of leased operty:		□ No □ Yes
Le	ssor's name:		□ No
	scription of leased operty:		☐ Yes
De	ssor's name: scription of leased		□ No
	pperty:		☐ Yes
Und	ler penalty of perjury, I declare that I have indicated my perty that is subject to an unexpired lease.	y intention about any property of my estate that sec	cures a debt and any personal
Χ	/s/ Leonard Cortell Jones	X	
	Leonard Cortell Jones Signature of Debtor 1	Signature of Debtor 2	
	Date July 5, 2016	Date	

Official Form 108

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Fill ir	n this information to identify your case:					irected in this form and	in Form
Debt	or 1 Leonard Cortell Jones		123	2A-1Sup	p:		
Debt	or 2			☐ 1. The	ere is no presi	umption of abuse	
	ed States Bankruptcy Court for the: District of South Ca	arolina		■ 2. The	e calculation to	o determine if a presur	nption of abuse
Office	District of South Ca	IIOIIIIa				nade under <i>Chapter 7</i>	Means Test
Case (if kno	e number			_	`	cial Form 122A-2).	_
(II KIIO	wij					does not apply now be service but it could ap	
				☐ Che	ck if this is a	n amended filing	
Off	icial Form 122A - 1						
Ch	apter 7 Statement of Your Cur	rent Mor	nthly Inc	ome			12/15
attach case i	complete and accurate as possible. If two married people as a separate sheet to this form. Include the line number to who number (if known). If you believe that you are exempted from ying military service, complete and file Statement of Exempted 1: Calculate Your Current Monthly Income	hich the additior n a presumption	nal information a of abuse becau	applies. C se you d	On the top of an o not have prin	ny additional pages, writ narily consumer debts o	te your name and or because of
1.	What is your marital and filing status? Check one only	y.					
	■ Not married. Fill out Column A, lines 2-11.						
	\square Married and your spouse is filing with you. Fill our	t both Columns	A and B, lines	2-11.			
	\square Married and your spouse is NOT filing with you. Y	ou and your s	spouse are:				
	☐ Living in the same household and are not legal	ly separated.	Fill out both Co	lumns A	and B, lines 2	2-11.	
	☐ Living separately or are legally separated. Fill of penalty of perjury that you and your spouse are legiving apart for reasons that do not include evading	gally separated	d under nonban	kruptcy	law that applie	es or that you and your	
10 the	Il in the average monthly income that you received from all s 1(10A). For example, if you are filing on September 15, the 6-mc e 6 months, add the income for all 6 months and divide the total l ouses own the same rental property, put the income from that pr	onth period would by 6. Fill in the res	be March 1 throusult. Do not include	ugh Augus de any inc	st 31. If the amo come amount mo	unt of your monthly incon ore than once. For examp	ne varied during le, if both
				Column Debtor		Column B Debtor 2 or non-filing spouse	
2.	Your gross wages, salary, tips, bonuses, overtime, a payroll deductions).	ind commissio	ons (before all	\$	5,741.00	\$	
3.	Alimony and maintenance payments. Do not include Column B is filled in.	payments from	a spouse if	\$	0.00	\$	
4.	All amounts from any source which are regularly pa of you or your dependents, including child support. from an unmarried partner, members of your household, and roommates. Include regular contributions from a spe filled in. Do not include payments you listed on line 3.	Include regular , your depender	contributions nts, parents,	\$	0.00	\$	
5.	Net income from operating a business, profession, o	or farm					
			otor 1				
	Gross receipts (before all deductions)	\$ 0.00					
	Ordinary and necessary operating expenses	-\$ 0.00	Comu horo >	c	0.00	¢.	
	Net monthly income from a business, profession, or farm	1\$	Copy here ->	Φ	0.00	\$	
6.	Net income from rental and other real property	Deh	otor 1				
	Gross receipts (hefore all deductions)	\$ 0.00					
	Gross receipts (before all deductions) Ordinary and necessary operating expenses	-\$ 0.00					
	Net monthly income from rental or other real property	·	Copy here ->	\$	0.00	\$	
_		¥		\$	0.00	\$	
1.	Interest, dividends, and royalties			Ψ			

Official Form 122A-1

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Leonard Cortell Jones Debtor 1 Case number (if known) Column A Column B Debtor 2 or Debtor 1 non-filing spouse 8. Unemployment compensation 0.00 Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here: \$ For your spouse 9. Pension or retirement income. Do not include any amount received that was a 0.00 benefit under the Social Security Act. 10. Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism. If necessary, list other sources on a separate page and put the total below. 0.00 0.00 Total amounts from separate pages, if any. \$ 0.00 11. Calculate your total current monthly income. Add lines 2 through 10 for 5.741.00 5.741.00 each column. Then add the total for Column A to the total for Column B. Total current monthly income Part 2: Determine Whether the Means Test Applies to You 12. Calculate your current monthly income for the year. Follow these steps: 12a. Copy your total current monthly income from line 11 Copy line 11 here=> 5,741.00 Multiply by 12 (the number of months in a year) **x** 12 68,892.00 12b. The result is your annual income for this part of the form 12b. 13. Calculate the median family income that applies to you. Follow these steps: SC Fill in the state in which you live. Fill in the number of people in your household. 66,886.00 Fill in the median family income for your state and size of household. 13. To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office. 14. How do the lines compare? Line 12b is less than or equal to line 13. On the top of page 1, check box 1, There is no presumption of abuse. Go to Part 3. Line 12b is more than line 13. On the top of page 1, check box 2, The presumption of abuse is determined by Form 122A-2. Go to Part 3 and fill out Form 122A-2. Part 3: By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct. X /s/ Leonard Cortell Jones **Leonard Cortell Jones**

Signature of Debtor 1

Date July 5, 2016

MM / DD / YYYY

If you checked line 14a, do NOT fill out or file Form 122A-2.

If you checked line 14b, fill out Form 122A-2 and file it with this form.

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					_					
Fill i	n this information to i	dentify your ca	ase:				neck the appropriate es 40 or 42:	box as	directed ir	n
Debt	or 1 Leonard C	ortell Jones	3							
Debt (Spo	or 2 use, if filing)						According to the calcu Statement:	lations re	equired by th	his
Unite	ed States Bankruptcy Co	ourt for the D	District of South Carol	ina			■ 1. There is no pres	umption	of abuse.	
		_					☐ 2. There is a presu	mption c	of abuse	
	e number lown)						e.e .e a p.eea			
	,				_		Check if this is an a	mendec	d filing	
Off	icial Form 122	<u> 2</u> A - 2								
Ch	apter 7 Mean	s Test C	Calculation						0	4/10
To fil	l out this form, you wil	l need your co	ompleted copy of <i>Cl</i>	hapter 7 Stateme	nt of Your Ci	ırrent Mo	onthly Income (Officia	al Form	122A-1).	
space	s complete and accura e is needed, attach a s ional pages, write you	eparate sheet	to this form, Include	e the line numbe						e
Part			`							
1.	Copy your total curre	nt monthly inc	ome.	Copy line 11 fr	om Official F	orm 122	A-1 here=> \$		5,741.0	0
2.	Did you fill out Colum	n B in Part 1 o	of Form 122A-1?							
	■ No. Fill in \$0 for the	e total on line 3	3.							
	☐ Yes. Is your spouse	Filing with you	ı?							
	☐ No. Go to lir	e 3.								
	☐ Yes. Fill in \$0	for the total on	n line 3.							
3.	Adjust your current m				use's incom	e not use	ed to pay for the			
	On line 11, Column B o expenses of you or you			the income you re	ported for yo	ur spouse	NOT regularly used for	or the ho	usehold	
	■ No. Fill in 0 for the	total on line 3								
	☐ Yes. Fill in the inform									
			the income was us			e amoun				
	For example, the support other tha	income is used n vou or vour d	d to pay your spouse' dependents.	's tax debt or to		ouse's in				
		, , , , , , , ,			\$					
					*		•			
					\$		-			
					\$					
	Total				•	0.00				
	Total.				\$	0.00	-			
							Copy total here=>	-\$_	0.0	0
										\neg
4.	Adjust your current m	onthly income	e. Subtract line 3 fror	m line 1.				\$	5,741.00	_

Official Form 122A-2

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Debtor 1	Leonard Cortell Jones		Case number (if known)	
	-				
Part 2:	Calculate Your Deductions from Your Income				
to an	nternal Revenue Service (IRS) issues National and L swer the questions in lines 6-15. To find the IRS sta uctions for this form. This information may also be a	ndards, go online us	ing the link specif	ied in the separate	ounts
your a	ct the expense amounts set out in lines 6-15 regardless actual expenses if they are higher than the standards. Doe in line 3 and do not deduct any operating expenses the	o not deduct any amo	ounts that you subtr	acted fro your spouse's	
If you	r expenses differ from month to month, enter the average	ge expense.			
Wher	never this part of the from refers to you, it means both yo	ou and your spouse if	Column B of Form	122A-1 is filled in.	
5.	The number of people used in determining your ded	uctions from income	9		
ı	Fill in the number of people who could be claimed as ex olus the number of any additional dependents whom you the number of people in your household.				
Natio	nal Standards You must use the IRS Nationa	I Standards to answer	the questions in lir	nes 6-7.	
	Food, clothing, and other items: Using the number of Standards, fill in the dollar amount for food, clothing, and		n line 5 and the IRS	National \$_	1,509.00
7. (d other items. eer of people you ententer of people is split in a higher IRS allowand	red in line 5 and the into two categories- ce for health care c	\$_ e IRS National Standard people who are under	ds, fill in 65 and
7. (1	Standards, fill in the dollar amount for food, clothing, and Out-of-pocket health care allowance: Using the number the dollar amount for out-of-pocket health care. The number open who are 65 or olderbecause older people have	d other items. eer of people you ententer of people is split in a higher IRS allowand	red in line 5 and the into two categories- ce for health care c	\$_ e IRS National Standard people who are under	ds, fill in 65 and
7. 9	Standards, fill in the dollar amount for food, clothing, and Out-of-pocket health care allowance: Using the number dollar amount for out-of-pocket health care. The number open who are 65 or older—because older people have nigher than this IRS amount, you may deduct the addition	d other items. eer of people you ententer of people is split in a higher IRS allowand	red in line 5 and the into two categories- ce for health care c	\$_ e IRS National Standard people who are under	ds, fill in 65 and
7. (Out-of-pocket health care allowance: Using the number of the dollar amount for food, clothing, and the dollar amount for out-of-pocket health care. The number open who are 65 or older-because older people have nigher than this IRS amount, you may deduct the additional lies who are under 65 years of age	d other items. per of people you ente the people is split is a higher IRS allowand the people you enter the people you enter the people is a higher IRS allowand the people i	red in line 5 and the into two categories- ce for health care c	\$_ e IRS National Standard people who are under	ds, fill in 65 and
7. (Out-of-pocket health care allowance: Using the number dollar amount for food, clothing, and the dollar amount for out-of-pocket health care. The number open health care for older-because older people have nigher than this IRS amount, you may deduct the additional lewho are under 65 years of age 7a. Out-of-pocket health care allowance per person	d other items. per of people you entender of people is split a higher IRS allowand on all amount on line 22	red in line 5 and the into two categories- ce for health care c	\$_ e IRS National Standard people who are under osts. If your actual expe	ds, fill in 65 and
7. (Out-of-pocket health care allowance: Using the number of color of	ser of people you enter of people is split a higher IRS allowand and amount on line 22 \$\frac{54}{X}\$	red in line 5 and the into two categories- ce for health care c 2.	\$_ e IRS National Standard people who are under osts. If your actual expe	ds, fill in 65 and
Peop	Out-of-pocket health care allowance: Using the number dollar amount for out-of-pocket health care. The number dollar amount for out-of-pocket health care. The number dollar amount for out-of-pocket health care. The number dollar amount for out-of-pocket health care older people have nigher than this IRS amount, you may deduct the additional least who are under 65 years of age 7a. Out-of-pocket health care allowance per person 7b. Number of people who are under 65 7c. Subtotal. Multiply line 7a by line 7b.	ser of people you enter of people is split a higher IRS allowand and amount on line 22 \$\frac{54}{X}\$	red in line 5 and the into two categories- ce for health care c 2.	\$_ e IRS National Standard people who are under osts. If your actual expe	ds, fill in 65 and
Peop	Out-of-pocket health care allowance: Using the number dollar amount for out-of-pocket health care. The number dollar amount for out-of-pocket health care. The number dollar amount for out-of-pocket health care. The number dollar amount for out-of-pocket health care older people have higher than this IRS amount, you may deduct the additional lewho are under 65 years of age 7a. Out-of-pocket health care allowance per person 7b. Number of people who are under 65 7c. Subtotal. Multiply line 7a by line 7b.	ser of people you enter of people is split in a higher IRS allowand on all amount on line 22 split in a higher IRS allowand amount on line 22 split in a higher IRS allowand amount on line 22 split in a higher IRS allowand amount on line 22 split in a higher IRS allowand	red in line 5 and the into two categories- ce for health care c 2.	\$_ e IRS National Standard people who are under osts. If your actual expe	ds, fill in 65 and
Peop	Out-of-pocket health care allowance: Using the number of dollar amount for out-of-pocket health care. The number of the dollar amount for out-of-pocket health care. The number of the dollar amount for out-of-pocket health care. The number of the dollar amount for out-of-pocket health care allowance of the additional least of the dollar form. Out-of-pocket health care allowance per person. The subtotal. Multiply line 7a by line 7b. It who are 65 years of age or older. Out-of-pocket health care allowance per person.	ser of people you enter of people is split a higher IRS allowand and amount on line 22 \$	red in line 5 and the into two categories ce for health care c	# IRS National Standardpeople who are under osts. If your actual expe	ds, fill in 65 and

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Debtor 1 Leonard Cortell Jones Case number (if known)

Loc	al Sta	andards	You mus	st use the IRS	S Local Stand	dards to ans	wer the q	uestions in li	ines 8-15.					
				the IRS, the	U.S. Truste	e Program	has divid	ded the IRS	Local Stand	dard fo	r housi	ng for		
■ H	lousi	ing and u	tilities - Ir	nsurance an	d operating	expenses								
■ F	lousi	ing and u	tilities - N	lortgage or i	ent expense	es								
To a	answ	er the que	estions in	n lines 8-9, u	se the U.S. 1	Γrustee Pro	gram ch	art.						
				sing the link s able at the ba			instructio	ns for this fo	rm.					
8.				Insurance a								5, fill \$		589.00
9.	Hou	sing and	utilities -	Mortgage o	r rent expen	ses:								
	9a.	•		of people you nty for mortga						9	\$	968.00		
	9b.	Total ave	erage mon	nthly payment	for all mortg	ages and ot	her debts	secured by	your home.					
		contractu	ally due to	tal average n o each secur en divide by 6	ed creditor in									
		Name of	the credit	or			Average	e monthly t						
		Greentr	ee				\$	1,375.00						
				Total avera	ge monthly p	ayment	\$	1,375.00	Copy here=>	-\$		1,375.00	Repeat this amount on line 33a.	
	9c.	Net mort	gage or re	ent expense.										
				otal average r f this amount					\$		0.00	Copy here=>	\$	0.00
10.				.S. Trustee F of your moi							correct	and	\$	0.00
	Ex	plain why:												
11.	Loc	al transpo	ortation e	xpenses: Ch	neck the num	ber of vehic	les for wh	nich you clair	m an owners	hip or o	peratin	g expense.		
		. Go to lin	e 14.											
	□ 1	. Go to lin	e 12.											
	2 2	or more.	Go to line	12.										

12. **Vehicle operation expense:** Using the IRS Local Standards and the number of vehicles for which you claim the operating expenses, fill in the *Operating Costs* that apply for your Census region or metropolitan statistical area.

640.00

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Case number (if known)

13.	Your	cle ownership or lease expense: Using the may not claim the expense if you do not make than two vehicles.								
Ve	hicle '	Describe Vehicle 1: 2011 Honda	Civic 40k n	niles						
13a.	. Owne	ership or leasing costs using IRS Local Star	ıdard			\$		0.00		
13b.		age monthly payment for all debts secured but include costs for leased vehicles.	y Vehicle 1.							
	are c	alculate the average monthly payment here ontractually due to each secured creditor in ruptcy. Then divide by 60.				t				
		Name of each creditor for Vehicle 1		Average r	monthly					
		Bank of America		\$	471.00					
		Total Average Monthly	Payment	\$	471.00	Copy here =	:> -\$ _	47′	Repeat this amount on line 33b.	
13c.		Vehicle 1 ownership or lease expense ract line 13b from line 13a. if this amount is	ess than \$0,	enter \$0.		\$		0.00	Copy net Vehicle 1 expense here => \$	0.00
Ve	hicle 2	2 Describe Vehicle 2:								
13d.	. Owne	ership or leasing costs using IRS Local Star	ıdard			. \$		0.00		
13e.		age monthly payment for all debts secured but the depts secured but the depth of th	by Vehicle 2.	Do not inclu	ude costs for	r				
		Name of each creditor for Vehicle 2		Average r	monthly					
		-NONE-		\$						
		Total Average Monthly	Payment	\$	0.00	Copy here =>	\$	0.0	Repeat this amount on line 33c.	
13f.		/ehicle 2 ownership or lease expense ract line 13e from line 13d. if this amount is	ess than \$0,	enter \$0		\$		0.00	Copy net Vehicle 2 expense here => \$	0.00
14.		ic transportation expense: If you claimed sportation expense allowance regardless of					andards,	fill in the	Public \$ _	0.00
15.	also (tional public transportation expense: If y deduct a public transportation expense, you laim more than the IRS Local Standard for <i>I</i>	may fill in w	hat you beli						0.00

Leonard Cortell Jones

Debtor 1

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Other Necessary Expenses In addition to the expense deductions listed above, you are allowed your monthly expenses for the following IRS categories. 16. Taxes: The total monthly amount that you will actually owe for federal, state and local taxes, such as income taxes, self-employment taxes, social security taxes, and Medicare taxes. You may include the monthly amount withheld from your pay for these taxes. However, if you expect to receive a tax refund, you must divide the expected refund by 12 and subtract that number from the total monthly amount that is withheld to pay for taxes. Do not include real estate, sales, or use taxes. \$ 17. Involuntary deductions: The total monthly payroll deductions that your job requires, such as retirement contributions, union dues, and uniform costs. Do not include amounts that are not required by your job, such as voluntary 401(k) contributions or payroll savings. \$ 18. Life Insurance: The total monthly premiums that you pay for your own term life insurance. If two married people are filing together, include payments that you make for your spouse's term life insurance. On to include premiums for life insurance on your dependents, for a non-filing spouse's life insurance, or for any form of life insurance other than term. \$ 19. Court-ordered payments: The total monthly amount that you pay as required by the order of a court or administrative agency, such as spousal or child support payments. Do not include payments on past due obligations for spousal or child support. You will list these obligations in line 35. \$ 20. Education: The total monthly amount that you pay for education that is either required: \$ 21. Childcare: The total monthly amount that you pay for childcare, such as babysitting, daycare, nursery, and preschool. Do not include payments for any elementary or secondary school education. \$ 22. Additional health care expenses, excluding insurance costs: The monthly amount that you pay for health care that is required for the health and welfare of you or y	
self-employment taxes, social security faxes, and Medicare taxes. You may include the monthly amount withheld from your pay for these taxes. However, if you expect to receive a tax refund, you must divide the expected refund by 12 and subtract that number from the total monthly amount that is withheld to pay for taxes. Do not include real estate, sales, or use taxes. 17. Involuntary deductions: The total monthly payroll deductions that your job requires, such as retirement contributions, union dues, and uniform costs. Do not include amounts that are not required by your job, such as voluntary 401(k) contributions or payroll savings. \$ 18. Life Insurance: The total monthly premiums that you pay for your own term life insurance. If two married people are filing together, include payments that you make for your spouse's term life insurance. Do not include premiums for life insurance on your dependents, for a non-filing spouse's life insurance, or for any form of life insurance other than term. \$ 19. Court-ordered payments: The total monthly amount that you pay as required by the order of a court or administrative agency, such as spousal or child support payments. Do not include payments on past due obligations for spousal or child support. You will list these obligations in line 35. \$ 20. Education: The total monthly amount that you pay for education that is either required: as a condition for your job, or for your physically or mentally challenged dependent child if no public education is available for similar services. \$ 21. Childcare: The total monthly amount that you pay for childcare, such as babysitting, daycare, nursery, and preschool. Do not include payments for any elementary or secondary school education. \$ 22. Additional health care expenses, excluding insurance costs: The monthly amount that you pay for health care that is required for the health and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health savings account. Include only the amount that you	г
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 18. Life Insurance: The total monthly premiums that you pay for your own term life insurance. If two married people are filing together, include payments that you make for your spouse's term life insurance. Do not include premiums for life insurance on your dependents, for a non-filing spouse's life insurance, or for any form of life insurance other than term. 19. Court-ordered payments: The total monthly amount that you pay as required by the order of a court or administrative agency, such as spousal or child support payments. Do not include payments on past due obligations for spousal or child support. You will list these obligations in line 35. 20. Education: The total monthly amount that you pay for education that is either required: as a condition for your job, or for your physically or mentally challenged dependent child if no public education is available for similar services. 21. Childcare: The total monthly amount that you pay for childcare, such as babysitting, daycare, nursery, and preschool. Do not include payments for any elementary or secondary school education. 22. Additional health care expenses, excluding insurance costs: The monthly amount that you pay for health care that is required for the health and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health savings account. Include only the amount that is more than the total entered in line 7. Payments for health insurance or health savings accounts should be listed only in line 25. 23. Optional telephone and telephone services: The total monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer. Do not include payments for basic home telephone, interne	
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administrative agency, such as spousal or child support payments. Do not include payments on past due obligations for spousal or child support. You will list these obligations in line 35. 20. Education: The total monthly amount that you pay for education that is either required: as a condition for your job, or for your physically or mentally challenged dependent child if no public education is available for similar services. 21. Childcare: The total monthly amount that you pay for childcare, such as babysitting, daycare, nursery, and preschool. Do not include payments for any elementary or secondary school education. \$ 22. Additional health care expenses, excluding insurance costs: The monthly amount that you pay for health care that is required for the health and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health savings account. Include only the amount that is more than the total entered in line 7. Payments for health insurance or health savings accounts should be listed only in line 25. 3. Optional telephone and telephone services: The total monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer. Do not include payments for basic home telephone, internet and cell phone service. Do not include self-employment	\$
 20. Education: The total monthly amount that you pay for education that is either required: ■ as a condition for your job, or ■ for your physically or mentally challenged dependent child if no public education is available for similar services. 21. Childcare: The total monthly amount that you pay for childcare, such as babysitting, daycare, nursery, and preschool. Do not include payments for any elementary or secondary school education. 22. Additional health care expenses, excluding insurance costs: The monthly amount that you pay for health care that is required for the health and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health savings account. Include only the amount that is more than the total entered in line 7. Payments for health insurance or health savings accounts should be listed only in line 25. 23. Optional telephone and telephone services: The total monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer. Do not include payments for basic home telephone, internet and cell phone service. Do not include self-employment 	
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Do not include payments for any elementary or secondary school education. 22. Additional health care expenses, excluding insurance costs: The monthly amount that you pay for health care that is required for the health and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health savings account. Include only the amount that is more than the total entered in line 7. Payments for health insurance or health savings accounts should be listed only in line 25. \$ 23. Optional telephone and telephone services: The total monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer. Do not include payments for basic home telephone, internet and cell phone service. Do not include self-employment	
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for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer. Do not include payments for basic home telephone, internet and cell phone service. Do not include self-employment	\$
	\$
24. Add all of the expenses allowed under the IRS expense allowances. Add lines 6 through 23.	4,312.65

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Add	itional Expense Deductions These are additional c	deductions allowed by the	e Means Test.		
		any expense allowances			
25.	Health insurance, disability insurance, and health s insurance, disability insurance, and health savings according your dependents.				
	Health insurance	\$ 201.93			
	Disability insurance	\$0.00			
	Health savings account	+ \$ 0.00			
	Total	\$ 201.93	Copy total here=>	\$	201.93
	Do you actually spend this total amount?				
	□ No. How much do you actually spend?	\$			
26.	■ Yes Continued contributions to the care of household of continue to pay for the reasonable and necessary care your household or member of your immediate family while include contributions to an account of a qualified ABLE	or family members. The and support of an elderly ho is unable to pay for su	chronically ill, or disabled member of ch expenses. These expenses may	\$	0.00
27.	Protection against family violence. The reasonably n safety of you and your family under the Family Violence				
	By law, the court must keep the nature of these expens	ses confidential.		\$	0.00
28.	Additional home energy costs. Your home energy coline 8.	osts are included in your i	nsurance and operating expenses on		
	If you believe that you have home energy costs that are 8, then fill in the excess amount of home energy costs.	e more than the home en	ergy costs included in expenses on line		
	You must give your case trustee documentation of your amount claimed is reasonable and necessary.	r actual expenses, and yo	ou must show that the additional	\$	0.00
29.	Education expenses for dependent children who ar \$160.42* per child) that you pay for your dependent chi public elementary or secondary school.				
	You must give your case trustee documentation of your claimed is reasonable and necessary and not already a				
	* Subject to adjustment on 4/01/19, and every 3 years a	after that for cases begur	on or after the date of adjustment.	\$	75.00
30.	Additional food and clothing expense. The monthly a higher than the combined food and clothing allowances than 5% of the food and clothing allowances in the IRS	s in the IRS National Stan			
	To find a chart showing the maximum additional allowa instructions for this form. This chart may also be available				
	You must show that the additional amount claimed is re	easonable and necessary	1 .	\$	0.00
31.	Continuing charitable contributions. The amount that instruments to a religious or charitable organization. 26		stribute in the form of cash or financial	+\$	300.00
32.	Add all of the additional expense deductions. Add lines 25 through 31.			\$	576.93

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Dedu	uctions for Debt Payment					
	for debts that are secured by an inter pans, and other secured debt, fill in li	est in property that you own, including hor	ne mort	gages, vehicle		
Т		ayment, add all amounts that are contractually	due to	each secured		
	Mortgages on your home:					verage monthly
33a.	Copy line 9b here			=	> \$	1,375.00
	Loans on your first two vehicles:					
33b.	Copy line 13b here			=	> \$	471.00
33c.					> \$	0.00
33d.	List other secured debts:					
Name	e of each creditor for other secured debt	Identify property that secures the debt		Does payment include taxes of insurance?	or	
				□ No		
	-NONE-			☐ Yes	\$	
				_	•	
				□ No		
				_	\$	
				□ No		
				☐ Yes	+\$	
				_]	
33e.	Total average monthly payment. Add	lines 33a through 33d	\$	1,846.00	Copy total here=>	\$ 1,846.00
		3 secured by your primary residence, a veh support or the support of your dependents			J	
	No. Go to line 35.					
		st pay to a creditor, in addition to the payment ssion of your property (called the cure amount e information below.				
Nam	ne of the creditor	Identify property that secures the debt		Total cure amount		Monthly cure amount
-NC	DNE-		5	÷	60 = \$	
					1	
		То	tal \$	0.00	Copy total here=>	\$0.0
a	re past due as of the filing date of yo	as a priority tax, child support, or alimony - ur bankruptcy case? 11 U.S.C. § 507.	that		J	
	No. Go to line 36. Yes Fill in the total amount of all of	these priority claims. Do not include current o	r			
_	ongoing priority claims, such a		1			

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Debtor 1	Leor	nard Cortell Jones		Case no	umber (if known)		
F	or more	eligible to file a case under Chapter 13? 11 U.S.C. § 1 information, go online using the link for <i>Bankruptcy Basi</i> ns for this form. <i>Bankruptcy Basics</i> may also be available	ics specified				
	No.	Go to line 37.					
		Fill in the following information.					
		Projected monthly plan payment if you were filing under	r Chapter 13	\$			
		Current multiplier for your district as stated on the list is Administrative Office of the United States Courts (for diand North Carolina) or by the Executive Office for Unite (for all other districts).	stricts in Ala				
		To find a list of district multipliers that includes your dist the link specified in the separate instructions for this for be available at the bankruptcy clerk's office.				Copy tot	al
		Average monthly administrative expense if you were fili	ng under Ch	apter 13	\$	here=>	
		of the deductions for debt payment. es 33e through 36.					\$1,846.00
Total	Deduc	tions from Income					
38. A	dd all d	of the allowed deductions.					
		ne 24, All of the expenses allowed under IRS e allowances	\$	4,312.65			
	•	ne 32, All of the additional expense deductions	\$	576.93			
		ne 37, All of the deductions for debt payment	+\$	1,846.00	٦		
		Total deductions	\$	6,735.58	Copy total her	e=>	\$ 6,735.58
Part 3:	Det	termine Whether There is a Presumption of Abuse					
39. C	alculate	e monthly disposable income for 60 months					
;	39a. Co	py line 4, adjusted current monthly income	\$	5,741.00			
;	39b. Co	py line 38, <i>Total deductions</i>	-\$	6,735.58			
;		onthly disposable income. 11 U.S.C. § 707(b)(2). btract line 39b from line 39a	\$	-994.58	Copy here=>\$	-99	94.58
	For the	next 60 months (5 years)				c 60	
'	. 00	next ou months (5 years)					
;	39d. To	tal. Multiply line 39c by 60	39d.	\$59	1671 XN	opy ere=> \$	-59,674.80
40. F	ind out	whether there is a presumption of abuse. Check the	box that app	lies:			
	■ The I	ine 39d is less than \$7,700*. On the top of page 1 of the	is form, chec	k box 1, <i>There</i>	is no presumpt	ion of abuse	. Go to Part 5.
		ine 39d is more than \$12,850*. On the top of page 1 of 4 if you claim special circumstances. Go to Part 5.	this form, ch	neck box 2, <i>The</i>	ere is a presump	otion of abus	e. You may fill out
] The I	ine 39d is at least \$7,700*, but not more than \$12,850)*. Go to line	41.			
*(to adjustment on 4/01/19, and every 3 years after that fo			date of adjustm	ient.	

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Debtor 1	Leo	nard Cortell Jones	Case number (if known)	
41.	41a.	Fill in the amount of your total nonpriority unsecured debt. If you filled of A Summary of Your Assets and Liabilities and Certain Statistical Information Schedules (Official Form 106Sum), you may refer to line 3b on that form.	\$x .25	
	41b.	25% or your total nonpriority unsecured debt. 11 U.S.C. § 707(b)(2)(A)(i) Multiply line 41a by 0.25	(I) \$ he	opy ere=> \$
25	% of y	ne whether the income you have left over after subtracting all allowed devour unsecured, nonpriority debt.		
		39d is less than line 41b. On the top of page 1 of this form, check box 1, <i>The</i> Part 5.	ere is no presumption of abuse	9 .
		39d is equal to or more than line 41b. On the top of page 1 of this form, che umption of abuse. You may fill out Part 4 if you claim special circumstances. T		
Part 4:	Giv	ve Details About Special Circumstances		
		we any special circumstances that justify additional expenses or adjustmental expenses of adjustments alternative? 11 U.S.C. § $707(b)(2)(B)$.	ents of current monthly inco	ome for which there is no
	lo. Go	o to Part 5.		
□ Y		I in the following information. All figures should reflect your average monthly em. You may include expenses you listed in line 25.	xpense or income adjustment	for each
	ne	ou must give a detailed explanation of the special circumstances that make the cessary and reasonable. You must also give your case trustee documentation justments.	e expenses or income adjustm n of your actual expenses or in	ents come
	G	Give a detailed explanation of the special circumstances	Average monthly expense or income adjustment	
	_		\$	
	_		\$	
	_		\$	
	_		\$	
Part 5:	Sig	gn Below		
	By si	gning here, I declare under penalty of perjury that the information on this state	ement and in any attachments	is true and correct.
	X /s	Leonard Cortell Jones		
		eonard Cortell Jones gnature of Debtor 1		
Da	ite Ju	uly 5, 2016		
	IVII	M/DD/YYYY		

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

Chapter 7:		r 7:	Liquidation
		\$245	filing fee
		\$75	administrative fee
	+	\$15	trustee surcharge
		\$335	total fee

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes:

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

+ \$550 administrative fee

\$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

	\$200	filing fee
+	\$75	administrative fee
	\$275	total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

	\$235	filing fee
+	\$75	administrative fee
	\$310	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes.

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/Bankruptcy/BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. Case 16-03334-hb Doc 1 Filed 07/05/16 Entered 07/05/16 10:33:52 Desc Main Document Page 56 of 58

B2030 (Form 2030) (12/15)

United States Bankruptcy Court District of South Carolina

In re	Leonard Cortell Jones		Case No.		
		Debtor(s)	Chapter	7	
	DISCLOSURE OF COMPENSA	ATION OF ATTO	RNEY FOR DE	EBTOR(S)	
	Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I compensation paid to me within one year before the filing of be rendered on behalf of the debtor(s) in contemplation of or	the petition in bankruptcy	, or agreed to be paid	to me, for services rendered or to	ı
	For legal services, I have agreed to accept		\$	0.00	
	Prior to the filing of this statement I have received		\$	0.00	
	Balance Due			0.00	
2.	\$_335.00 of the filing fee has been paid.				
3.	The source of the compensation paid to me was:				
	■ Debtor □ Other (specify):				
4.	The source of compensation to be paid to me is:				
	■ Debtor □ Other (specify):				
5.	■ I have not agreed to share the above-disclosed compensa	tion with any other person	unless they are mem	bers and associates of my law firm	n.
	☐ I have agreed to share the above-disclosed compensation copy of the agreement, together with a list of the names of				
6.	In return for the above-disclosed fee, I have agreed to render	legal service for all aspec	ts of the bankruptcy c	ase, including:	
	a. [Other provisions as needed]				
7.	By agreement with the debtor(s), the above-disclosed fee doe	es not include the following	g service:		
	C	ERTIFICATION			\neg
	I certify that the foregoing is a complete statement of any agrankruptcy proceeding.		r payment to me for re	epresentation of the debtor(s) in	
J	uly 5, 2016	/s/ William T. Cla	rke		
I	Date (William T. Clarke Signature of Attorna	-		
		Sarratt & Clarke	c.y		
		P.O. Box 10293 Greenville, SC 29	9603		
		(864) 271-4100 F	Fax: (864) 271-411 ²	I	
		dawnsc@bellsou Name of law firm	uth.net		
1		wame oj taw jirm			

LOCAL OFFICIAL FORM 1007-1(b) TO SC LBR 1007-1

United States Bankruptcy Court District of South Carolina

In re	Leonard Cortell Jones	Case No.		
	Debtor(s)	Chapter	7	
CEDTIEICATION VEDIEVING CDEDITOD MATDIV				
CERTIFICATION VERIFYING CREDITOR MATRIX				

The above named debtor, or attorney for the debtor if applicable, hereby certifies pursuant to South Carolina Local Bankruptcy Rule 1007-1 that the master mailing list of creditors submitted either on computer diskette, electronically filed via CM/ECF, or conventionally filed in a typed hard copy scannable format which has been compared to, and contains identical information to, the debtor's schedules, statements and lists which are being filed at this time or as they currently exist in draft form.

		tor a some dates, statements and	moto winter are come mou as and come or as any carrently constant areas.	
	Master mailing list of creditors submitted via:			
	(a)	computer diskette		
	(b) (num	scannable hard copy ber of sheets submitted		
	(c)	X electronic version filed	via CM/ECF	
Date:	July 5, 2016		/s/ Leonard Cortell Jones	
			Leonard Cortell Jones	
			Signature of Debtor	
Date:	July 5, 2016		/s/ William T. Clarke	
			Signature of Attorney	
			William T. Clarke #151	
			Sarratt & Clarke	
			P.O. Box 10293	
			Greenville, SC 29603	
			_(864) 271-4100 Fax: (864) 271-4111	
			Typed/Printed Name/Address/Telephone	
			#151	
			District Court I.D. Number	

ALLIED INTERSTATE PO BOX 361445 COLUMBUS OH 43236

ANMED HEALTH 800 N. FANT STREET ANDERSON SC 29621

BADCOCK HOME FURNITURE 1520 E. GREENVILLE ST., SUITE 1 ANDERSON SC 29621

BANK OF AMERICA PO BOX 45224 JACKSONVILLE FL 32232

CVI LOAN GT TRUST I C/O BRADFORD M. STOKES SCOTT, PARNELL & ASSOCIATES, PC PO BOX 80416 CHARLESTON SC 29416

GREENTREE
PO BOX 94710
PALATINE IL 60094

GREENVILLE HEALTH SYSTEM PO BOX 19051
GREENVILLE SC 29602

MERCHANTS CREDIT 4124 CLEMSON BLVD., SUITE F ANDERSON SC 29621

REPUBLIC FINANCE 7031 COMMERCE CIRCLE, #100 BATON ROUGE LA 70809

SETERUS MORTGAGE PO BOX 1077 HARTFORD CT 06143

STERN RECOVERY SERVICES PO BX 14899 GREENSBORO NC 27415